



Participant Manual

Certified Processor

Certified Recycling Center



PREFACE

This manual has been prepared by the Department of Conservation, Division of Recycling for program participants of the California Beverage Container Recycling and Litter Reduction Act.

The manual is designed to assist program participants in completing the various reporting forms required by the Public Resources Code, Division 12.1 (PRC) and Title 14 of the California Code of Regulations (14CCR).

Excerpts and paraphrasing of applicable supporting sections of the PRC and 14CCR have been included throughout this manual along with references to the sections used. Although this manual was developed to assist participants in completing shipping reports and processor invoice reports, it is not intended to replace the PRC and/or 14CCR pertaining to certified processors and recyclers. Therefore, participants should refer to the referenced sections of the PRC and 14CCR for the full context of each section.

**CALIFORNIA
BEVERAGE CONTAINER RECYCLING
PROGRAM**

Participant Manual

for

Certified Processors
Certified Recycling Centers

December 16, 1999

**State of California
Department of Conservation
Division of Recycling**

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SECTION I - INTRODUCTION**A. Overview of the California Beverage Container Recycling and Litter Reduction Act (Act)**

The Act established the California Beverage Container Recycling Fund (Fund) which is administered by the Department of Conservation (Department). Distributors and beverage manufacturers pay redemption payments and processing fees to the Department based upon the number of beverage containers sold or transferred in California. The money is deposited into the Fund and used to provide payment of refund value, processing payments, handling fees and administrative costs as authorized under the Act and to fund various grants.

Beverage containers covered under the Act include all of the following products in liquid, ready-to-drink form, that are intended for human consumption: beer and other malt beverages; wine and distilled spirit coolers; carbonated water, including soda and carbonated mineral water; noncarbonated water, including noncarbonated mineral water; carbonated soft drinks; noncarbonated soft drinks and “sport” drinks; carbonated fruit drinks; noncarbonated fruit drinks that contain any percentage of fruit juice; coffee and tea drinks.

The legislative intent of the program is to reach a statewide recycling goal of 80 percent for each container type covered by the program, significantly reducing the beverage container component of litter in the State, make recycling convenient to consumers, and create and maintain a marketplace where it is profitable to establish sufficient recycling centers and locations to provide consumers with convenient recycling opportunities.

B. Introduction of the Department of Conservation/Division of Recycling

The Department’s Division of Recycling (Division) manages California’s beverage container recycling program. The Division’s goal is to promote the beverage container recycling efforts of California consumers by providing assistance and educational information as needed. The Division also works to increase participation in the program by promoting and supporting expanded markets for recycled materials. The success of the program depends on effective coordination between government and the private sector. Communication and availability of information play an important role in developing this coordination.

The Division also allocates funds, in the form of grants, to cities, counties, local community conservation corps, and other nonprofit groups for recycling activities, litter abatement, and public education.

C. Introduction to the Service Contractor

The Department hires a service contractor to operate the Payment and Report Processing System (PRPS). The service contractor is responsible for providing the following services:

- Receive, edit and process source documents from participants.
- Provide liaison services between participants and the Department.
- Provide forms, manuals, training and technical assistance to industry participants.
- Record cash receipts, accounts receivable, and perform revenue accounting.
- Record disbursements.
- Maintain the participant master file database.
- Compile program statistics and prepare reports of program performance.
- Provide program accounting reports.

Service contractor personnel are available to assist participants in report preparation and respond to issues related to the PRPS.

SECTION II - General Program Policies and Procedures**A. Certification Procedures**

This manual is applicable only to those entities certified by the Division. To become certified, applicants must complete and submit an application for the applicable category of certification

Applicants cannot operate as a certified entity until they receive an official approval notice and certificate from the Division. Approved operators are required to notify the Division in writing of their operational start date within five (5) days of the date their business begins redeeming CRV containers. NOTE: Only certified and operational program participants will be reimbursed CRV paid out to consumers or to other certified entities.

NOTE: Once certified, operators have a continued requirement to notify the Division of changes in the operation of the facility. Specific sections of 14CCR pertaining to notification requirements for each program participant are noted below.

- Certified Processors - **14CCR, Section 2405**
- Certified Recycling Centers (includes Nonprofit Convenience Zone Recycler and Rural Region Recycler)- **14CCR, Section 2505**
- Certified Dropoff or Collection Programs (includes Neighborhood Dropoff Program) **14CCR, Section 2605**
- Certified Community Service Programs - **14CCR, Section 2705**

All program participants should send written notification of changes to:

Department of Conservation
Division of Recycling - Certification Section
801 K Street, MS 15-59
Sacramento, CA 95814-3533

Or FAX notification to (916) 323-4907

If you have any questions regarding certification procedures, please call the Division's Certification Section at (916) 324-8598.

B. Submission of Claims/Reports and Inquiries

Each type of participant has a unique P.O. Box to which claims/reports must be submitted. Please refer to the section of this manual that pertains to your specific business for further information. Mail may also be hand-delivered to the service contractor's location at:

IKON Business Information Services
3062 Prospect Park Drive, Suite A
Sacramento, CA 95670
Between 8:00 A.M. and 5:00 P.M.

All inquiries and correspondence pertaining to the Act, such as claim tracer requests or other claim-related problems or questions, should be sent to:

Department of Conservation
Division of Recycling
P.O. Box 277937
Sacramento, CA 95827
Attn.: PRPS Liaison Unit

NOTE: This P. O. Box is not to be used for submission of claims/reports or any applicable payments to the Department, as unavoidable delays in processing may result.

Telephone inquiries regarding claims will be received by the service contractor staff at (916) 852-1010, from 8:00 A.M. to 5:00 P.M. on State workdays.

Claims/reports must be received by the service contractor within the time frame stipulated. The Act provides for fines and penalties to be imposed on recyclers and processors if payment and reporting requirements are not met. To be acceptable, all claims/reports submitted must contain the following information:

- Must be completed in English and all information shall be accurate, complete, typed, or legibly handwritten in English. **Use blue or black ink only. Do not use red or green ink on report forms for any purpose.** If typed or computer generated, the ink must be dark enough to be photocopied.
- The full (organization or facility) name as submitted on the approved certification application and associated certification number or curbside identification number of the entity preparing the report.
- The name and phone number of a contact person who can answer questions regarding the preparation of the report.
- The reporting period and preparation date of the report.
- An **original** signature and title of the representative of the entity authorized to prepare the report (stamps or facsimile signatures are not acceptable).

NOTE: Failure to comply with these requirements may result in denial of the claim/report. Denials shall not extend any applicable reporting deadline.

C. Claim Tracer Requests (CTR)

A CTR is a participant request for the status of a claim. There are two types of CTRs--telephone and written.

1. Telephone Requests

The PRPS Liaison Unit will handle all telephone CTRs which meet one of the following criteria:

- The claim was submitted more than 10 workdays prior to the CTR.
- The participant noted an error on the claim after submission.

If one of these requirements is met, the Liaison Unit will attempt to trace the claim immediately. If it is determined that the claim cannot be located within a reasonable time, the participant will be informed that the tracer will be processed as a written request.

2. Written Requests

Written CTRs may be made after 10 workdays from the date a claim was submitted to the service contractor. The request should include the following information.

- Name and address of participant.
- Certification number and/or applicable identification number.
- Reporting period.
- Amount of the claim submitted.
- Date the original report was submitted.
- Request in writing for the status.
- Form Serial Number(s) (FSN) of the claim(s) submitted.

Written CTRs will receive a written response from the Liaison staff.

D. Participant Correction Request (PCR)

In the event a claim is submitted containing errors that cannot be corrected by a phone call from the service contractor, the applicable shipping report and/or processor invoice will be placed in a suspense status and a PCR will be generated. Recyclers and processors have 48 hours from the time of notification, via telephone or fax, to correct the shipping report and/or processor invoice, otherwise the claim will be denied and returned to the participant.

For your reference, a sample PCR is shown on page 9 of this section.

E. Error Transmittal Report (ETR)

As shipping reports and processor invoices are processed, various edits are performed to verify the accuracy of data submitted and to ensure that duplicate payments are not made.

The ETR contains information relevant to the report submitted for the reporting period. In the event that an error was made on the report (i.e., calculations, missing field, etc.) which can be corrected either by a phone call to the participant or through edits within the system, the error and corrective action are documented on an ETR. A second copy of this notice, sent to the applicable shipping recycler, also contains the material type, processor's name, and the recycler's name and identification number.

For your reference, samples of ETRs sent to the shipping recycler and receiving recycler/processor are shown on pages 10 and 11 of this section.

F. Notice of Denial (NOD)

A NOD is sent to program participants who have had their requests for program payments denied, for reason(s) indicated on the notice. With respect to handling fees, a NOD will be sent for each denied site and will explain why the site was denied for the applicable month. **(14CCR, Section 2000(a)(32.1))**

When a document is filled out incorrectly and cannot be corrected by the service contractor, the ORIGINAL document will be returned to the participant with a NOD. It is the responsibility of the participant receiving the NOD to resubmit the original document with corrections for processing. **No follow-up will be initiated by the service contractor.**

When a denied shipping report is resubmitted for payment, and the denied shipping report was an attachment to another shipping report, a **new** cover shipping report must also be submitted with the denied shipping report. Any denied shipping report that is resubmitted for payment must be attached to a new processor invoice and a copy of the NOD. The processor invoice must be marked "Supplemental." Please refer to item G below for specific information regarding supplemental reports.

For your reference, a sample of a NOD is shown on page 12 of this section.

G. Supplemental Invoices and Partial Payment Policy and Procedures

In an effort to streamline and expedite the payment process for processor invoices, the Division has adopted a partial payment policy. The service contractor will process for payment the "correct portion" of a processor invoice. The "correct portion" is determined by including **only** those shipping reports that pass all system edits required by the Division.

Examples of system edits include, but are not limited to:

- ORIGINAL signatures of both parties are present on shipping reports.
- All participants (shipper and receiver) must have a valid certification number.
- The shipper must be certified for the entire period indicated by the receipts and logs dates (i.e., if a shipper is not certified until January 10, 2000, the beginning date of the receipt and log period must be on or after that date).
- The received date on the shipping report must be within the reporting period of the processor invoice report to which it is attached.

Should a shipping report fail one of these or other edit criteria, the ORIGINAL shipping report will be returned to the processor with a NOD.

In order for denied shipping reports to be considered for payment, an ORIGINAL denied shipping report and a copy of the associated NOD, must be returned with a NEW processor invoice. The NEW processor invoice must cover the same reporting time period.

“Supplemental Processor Invoice” means a report to correct any shipping report(s) denied on the original processor invoice and/or a report to add any shipping report(s) to the original processor invoice for transactions that occurred within the same reporting time period. (14CCR, Section 2000(a)(47.1))

NOTE: One supplemental processor invoice per material type, per original reporting period, shall be allowed, provided it is submitted no later than forty-five (45) days from the following events:

1. The end of the reporting period the supplemental processor invoice covers, if it is for new shipping reports not previously submitted with the original processor invoice for that reporting period; or
2. The date appearing on the NOD if the reports were previously denied or if the reports are a combination of new shipping reports not previously submitted with the original processor invoice and previously denied shipping reports. (14CCR, Section 2425(a)(2))

The following is an example of the procedures described above:

- A processor sends an invoice for the period 01-01-2000 through 01-15-2000 with 100 shipping reports attached.
- After processing (keying and verification of the data), three shipping reports are denied due to errors found.
- The service contractor verifies that no keying errors were made and sends 97 shipping reports through for payment.
- The processor invoice is adjusted to eliminate the three denied shipping reports.
- An ETR is generated to notify the processor of changes made.
- The three shipping reports that have errors are returned to the processor with a NOD, explaining the reason the reports were denied.

- It is the processor's responsibility to review these errors, correct them and submit a **new** processor invoice marked "supplemental" with the three denied shipping reports and any new shipping reports for the same reporting period. The supplemental invoice must reflect the January 1, 2000 through January 15, 2000 reporting period and be postmarked no later than 45 days from the date on the NOD.

H. Amended Reports

"Amended Processor Invoice" means an invoice submitted by a processor correcting an original report that has been processed and paid. (14CCR, Section 2000(a)(2.1))

"Amended Shipping Report" means a shipping report submitted by a processor correcting an original shipping report that has been processed and paid. (14CCR, Section 2000(a)(2.2))

Amendments apply only to processor invoices and their attachments. To submit amended shipping reports, submit a new shipping report(s) replacing each one that was in error, a new cover shipping report (if applicable), and a new processor invoice.

NOTE: One amended processor invoice per material type per reporting period shall be allowed, provided it is submitted no later than ninety (90) days after the end of the reporting period. (14CCR, Section 2425(a)(3))

Complete the new documents with the full amounts that should have been originally reported. On both the new shipping report(s) and the new processor invoice check the box for "Amendment To" and record the FSN of the original report which was submitted in error. **Please do not submit amended reports with reports that have not been processed by the service contractor.**

I. Participant Appeals

A participant with a grievance or complaint concerning payment or denial of shipping report and/or processor invoice claims must submit a written appeal to the Department at the following address:

Department of Conservation
Division of Recycling
Industry Services Branch
801 K Street, MS15-59
Sacramento, CA 95814-3533

Appeals should be submitted in writing to the Division, signed by the authorized representative or a designee. In order to properly process the appeal, the letter should contain the following:

- Copy of the disputed claim.
- Copy of the remittance advice, or NOD
- Reason for the appeal.
- Supporting documentation for appeal.

Appeals for denial of Handling Fee Applications (DR-14): Recycling centers must submit a formal appeal in writing within 30 calendar days of the warrant date of the payment or the date of the NOD. Appeals submitted after this time will be rejected. All written appeals must include all of the following:

- A list of applicable certification numbers and corresponding facility addresses.
- The corresponding convenience zone number(s).
- The month(s) and year(s) in question.
- The rejected, original DR-14(s) and NOD(s), if this is an appeal of a denial.
- A copy of the remittance advice, if this is an appeal of a payment determination.
- A short explanation of why you believe the determination was in error.
- Any other documentation that supports your appeal.

A written decision on the appeal will be sent to the participant within 15 working days of receipt of the appeal. (14CCR, Section 2519(a))

J. Adjustments to Previously Processed Claims

If an approved appeal results in a change to the amount paid on a claim, an adjustment will be processed when the participant submits an amendment to the original processor invoice.

K. Billing Instructions

The Department must be invoiced using the appropriate reporting forms within the specific time frames following the end of the reporting period. For details, please refer to the particular section of this manual that pertains to your type of operation (i.e., shipping recycling center, receiving recycling center, processor, etc.).

L. Ordering Forms

A supply of Shipping Reports (DR-6), Processor Invoice Reports (DR-7), and Handling Fee Application Reports (DR-14) will be sent to you upon receipt of a written request, fax, or telephone call to:

IKON Business Information Services
3062 Prospect Park Drive, Suite A
Sacramento, CA 95670
Attn: PRPS UNIT - Order Department
(916) 852-1010
FAX (916) 638-0909

M. Records Retention

Records of certified recyclers, processors, dropoff or collection and community service programs shall be kept at the organization's business address identified in the certification application. All records are subject to audit by the Department and must be retained for at least five years following their preparation. Records may be moved to and kept at a different location if written notification is given to the Division. Such notice shall be submitted no less than 10 days prior to any change in location or establishment of a new location. (14CCR, Section 2085(a)(1-3))

Please refer to 14CCR, Section 2525 for recycling centers, 14CCR, Section 2420 for processors, 14CCR, Section 2615 for dropoff or collection programs and 14CCR, Section 2715 for community service programs for a listing of specific records and documents which must be retained.

O. Sample PCR, ETR and NOD Forms / Notice Keys

Samples of blank PCR, ETR and NOD forms can be found on pages 9-12 of this section. PCRs are typically issued by the service contractor only when a document is missing an original signature. ETRs are issued when corrections are made to applicable reports during processing. NODs are issued when significant errors and/or omissions are made on reports that cannot be corrected by the service contractor.

Two keys designed to assist in understanding "data in error" information presented on applicable ETR and/or NOD forms can be found on pages 13 and 15 of this section. The field numbers listed on the keys correspond to numbered data fields on the processor invoice and shipping report found on pages 14 and 16 of this section.

**DEPARTMENT OF CONSERVATION
DIVISION OF RECYCLING
PAYMENT AND REPORT PROCESSING SYSTEM**

PARTICIPANT CORRECTION REQUEST

Date:

To :

ID# :

Material :

Processor Name :
Processor CCN :
DR-07 Ref# :
Shipper Name :
Shipper ID :
Shipper CCN :
DR-06 Ref# :
Period Covered :

The referenced report contains errors. Please make the necessary corrections as identified with your response by 01/03/1994. Please sign and date your response in the area below. This report will be denied if not corrected within 48 hours from the date of this request. If the report is denied, the remaining correct Shipping Report(s) attached to the Processor Invoice will be processed under the partial payment procedures. Please call (916) 852-1010 if you have any questions.

Data in Error	Explanation of Errors	Corrected Information

I certify that the corrected information is true, accurate, and complete.

Signature of Participant or Person Authorized by Participant

Date

PCRS (01/95) Batch:

**DEPARTMENT OF CONSERVATION
DIVISION OF RECYCLING
PAYMENT AND REPORT PROCESSING SYSTEM**

ERROR TRANSMITTAL REPORT

Date:

To :

Name :

Processor CCN :

DR-07 Ref# :

Shipper Name :

Shipper CCN :

DR-06 Ref# :

Shipper ID :

Period Covered :

ID# :

Material Type :

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error

THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO DATA-IMAGE SYSTEMS CORPORATION. If you have any questions regarding these changes, please call DISC at (916) 852-1010

ETRPS (01/95)

Batch:

REC:

**DEPARTMENT OF CONSERVATION
DIVISION OF RECYCLING
PAYMENT AND REPORT PROCESSING SYSTEM**

ERROR TRANSMITTAL REPORT

Date:

To :

Name :

Processor CCN :

ID# :

DR-07 Ref# :

Material Type :

Period Covered :

The original report submitted to the Department of Conservation contains errors. The section below will explain the errors and the corrective action taken.

Data in Error	Data Reported	Corrected Data	Amount of Correction	Explanation of Error

THIS DOCUMENT IS FOR INFORMATION ONLY. PLEASE DO NOT RETURN TO DATA-IMAGE SYSTEMS CORPORATION. A copy of this document has been forwarded to the shipping recycler. If you have any questions regarding these changes, please call DISC at (916) 852-1010.

ETRPS (01/95)

Batch:

REC:

**DEPARTMENT OF CONSERVATION
DIVISION OF RECYCLING
PAYMENT AND REPORT PROCESSING SYSTEM**

NOTICE OF DENIAL

Date:

To :

ID# :

Material :

Processor Name :
Processor CCN :
DR-07 Ref# :
Shipper Name :
Shipper CCN :
DR-06 Ref# :
Shipper ID :
Period Covered :

The referenced Shipping Report submitted to the Department of Conservation contains errors. In order to be reconsidered for payment, the necessary corrections must be made. It is the processor's responsibility to review these errors, and upon resolution, insure that these original errors are corrected properly. If you have any questions, please call (916) 852-1010 between the hours of 8:00 a.m. - 5:00 p.m., Monday through Friday for assistance.

Data in Error	Data Reported	Reason(s) for Denial

The original denied report or a revised version of the report must be sent as a new submission. A supplemental Processor invoice is to be included which is a summary of the attached Shipping Report(s) that are being resubmitted. Please be advised that the supplemental Processor Invoice and Shipping Reports that are returned to Data-Image Systems Corporation will not be considered for payment unless they are complete and accurate.

NODS (01/95) Batch:

Notice Key for Processor Invoice (DR-7)

FIELD NO.	DATA IN ERROR
2	POSTMARK
3	PARTICIPANT NAME
7	MATERIAL-TYPE
8	SHPNG RPTS - ATCHD
10	PERIOD - FROM
10	PERIOD - THRU
11	PARTICIPANT - ID
13	RECEIVED - WT
14	RDMPN - WT
15	REFUND - PAID
16	ADMIN - FEE
17	PROCSG - PYMT
18	TOT - REFUND - PAID
19	TOT - PROCSG - PYMT
20	TOT - ADMIN - FEE
21	TOT - AMOUNT - DUE
22	SIGNTR - TITLE- IND
24	DATE - SIGNED

PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

DR-7 (1/95)

FOR STATE USE ONLY

CCN
1

FOR STATE USE ONLY

POSTMARK DATE
2

NAME	3
ADDRESS	3
	4
CONTACT PERSON	5
TELEPHONE NUMBER	

MATERIAL TYPE	7
# OF SHIPPING REPORTS ATTACHED	8
CHECK ONE: <input type="checkbox"/> FOR RECYCLING <input type="checkbox"/> NOT FOR RECYCLING	
REPORTING PERIOD	10 THRU 10
CERT. #	11

6 SUPPLEMENTAL TO

OR FSN

			6				
--	--	--	---	--	--	--	--

6 AMENDMENT TO

12 CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE :

12 CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: _____

SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
13	14	15	16	17

PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	18
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	19
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	20
GRAND TOTAL DUE	21

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

22 PROCESSOR'S SIGNATURE/TITLE	FOR STATE USE ONLY 23	24 DATE
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Notice Key for Shipping Report (DR-6)

FIELD NO.	DATA IN ERROR
3	SHPRFLTY
4	SHIPPER ID
8	RCVRFLTY NAME
9	RECEIVER ID
10	MATERIAL - TYPE
12	RL - RDMPTN - WT
13	RL - REFUND - VALUE
14	RL - PROCSG - PYMT
15	RL - SUBTOTAL
16	SCR - RDMPTN - WT
17	SCR - REFUND - VALUE
18	SCR - PROCSG - PYMT
19	SCR - SUBTOTAL
20	TOT - RDMPTN - WT
21	TOT - REFUND - VALUE
22	TOT - PROCSG - PYMT
23	TOT - SUBTOTAL
24	PERIOD FROM
25	PERIOD THRU
26	SHPNG - RPTS - ATCHD
27	RPA WT TICKET
28	RPA - DATE
29	RPA RCVD WT
30	RPA REFUND VALUE
31	RPA PROCSG PYMT
32	RPA SUBTOTAL
33	PCT REDUCTN TAKEN
34	RPA ADMIN FEE
35	RPA TOT PYMT DUE
36	SEG - GLASS COLOR
38	SHPR SIGN TITLE IND
39	SHPR DATE SIGNED
40	RCVR SIGN TITLE IND
41	RCVR - DATE - SIGNED

FOR STATE USE ONLY

PROCESSOR CCN

1



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

2

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME

3

ADDRESS

3

CERT. #

4

CONTACT
PERSON

5

TELEPHONE
NUMBER

6

COMPANY NAME

8

CERT. #

9

MATERIAL
TYPE

10

11

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	12 .	13 .	14 .	15 .
FROM Shipping Reports or Consolidated Reports	16 .	17 .	18 .	19 .
TOTAL	20 .	21 .	22 .	23 .

Receipt & Log Entries For

24

Thru

25

Number of Attachments
or Consolidated Shipments

26

COMPLETED BY RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #	Received Wt. (Lbs.)	Refund Value (C)	Processing Pymt. (D)	Subtotal Due (C+D)
27	29	30	31	32
ADMINISTRATIVE FEE				34
TOTAL PAYMENT DUE				35

Received
Date:

28

Completed by
receiver only:

33

% of
Reduction Taken

36

Glass
Color

37

% OF SHRINKAGE

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

38

APPROVED FOR PAYMENT

Shipper's Signature/Title

40

Receiver's Signature/Title

FOR STATE USE ONLY

42

39

Date

41

Date

SECTION III - Certified Recycling Center and Reporting Procedures**A. Definitions**

"**Recycling Center**" means an operation certified by the Department and which accepts and pays refund value to consumers for empty beverage containers. (**PRC Section 14520**) Recycling Center also includes a Rural Region Recycler (**PRC Section 14525.5.1**) and a Nonprofit Convenience Zone Recycler (**PRC Section 14514.7**).

"**Shipping Report**" is the documentation of the receipt of material by a processor, or by a recycling center, from another recycling center, dropoff or collection program, community service program, or curbside program. The shipping report is the basis for payments made by the Division to a certified processor for reimbursement of funds paid to shipping recyclers. (**14CCR, Section 2000(a)(44)**)

B. Recycling Center Operating, Recordkeeping and Accounting Procedures

This manual is designed to be a step-by-step reference manual for certified recycling centers and processors to use when completing applicable shipping reports and processor invoices. This manual does not cover the various operating, recordkeeping, and accounting requirements with which certified recycling centers and processors must comply (e.g., load inspections, receipts/logs preparation, daily summary preparation, etc.). Please refer to the to Title 14 of the California Code of Regulations.

NOTE: If you have questions concerning preparation of receipts and logs, daily summaries and/or shipping reports or the associated regulations, please feel free to contact the Division's Audits Field Office in your area at the applicable phone number listed below:

Los Angeles Field Office - (310) 342-6100

(Los Angeles, Ventura, Santa Barbara, San Luis Obispo and Kern counties)

San Diego Field Office - (619) 525-4274

(San Diego, Orange, Imperial, Riverside and San Bernadino counties)

Sacramento Field Office - (916) 327-2792

(All other California counties)

C. Procedures for Completing Reporting Forms**1. Recycler Shipping Reports (DR-6)**

Records of transactions between any certified entity and recycling centers, curbside programs and recycling centers, and from recycling centers to processors are maintained in the form of a shipping report. **NOTE: For shipments of aluminum, plastic, and bimetal the original shipping report must accompany the shipment of materials to the recycling center or processor. For shipments of glass materials, the recycler has the option of submitting a completed report upon delivery or preparing and submitting the shipping report after the received weight is obtained.** (14CCR, Section 2530(b) & (b)(1))

All shipping reports must be completed in accordance with the following processing requirements:

- All dollar figures must be entered in U.S. currency.
- All weights must be expressed in pounds, to a maximum of one decimal place.
- Reports **must be signed** (original signature) and **dated** by the shipping entity and the receiving recycling center or processor.
- A separate shipping report must be prepared for each material type delivered.

(a) Shipping Recycling Centers

NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 7 and a sample of a completed DR-6 can be found on page 8 of this section.

RECYCLER PAYMENT REQUEST INFORMATION:

Item 1-2: CCN - Do not enter any information for these items. These items are completed by the service contractor.

Item 3: *Company Name and Address (Shipper)*

Name - Enter the organization/facility name **exactly as it appears on the certificate issued by the Division. Do not abbreviate.**

Address - Enter facility address, city, state, and zip code **exactly as it appears on the certificate issued by the Division.**

Item 4: *Shipper's Certification Number* - Enter the certification number of the recycling center. This is a two digit alpha, four or five digit numeric identification number. The following are examples of applicable certification numbers:

RC__ __ __ __ = Recycling Center

RV__ __ __ __ = Reverse Vending Machine

NOTE: The shipper must be a certified entity for the entire receipts and logs time period indicated on the shipping report in order to receive reimbursement of program payments.

Item 5: *Contact Person* - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

Item 6: *Telephone Number* - Enter the area code and phone number of the contact person.

Item 7: *Do not enter any information for this item.* This item is completed by the service contractor.

Item 8: *Company Name (Receiver)* - Enter the organization/facility name of the certified recycling center or processor to which material is being sold or transferred.

Item 9: *Receiver's Certification Number* - Enter the certification number of the recycling center or processor receiving the material.

R C __ __ __ __ and P R __ __ __ __ are the only valid receiver types.

NOTE: The receiver must be a certified entity at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.

Item 10: *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

Item 11: *Amendment to FSN (Form Serial Number)* - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Be sure to include the form serial number (Item 43) of the shipping report being amended. Please refer the Section II, page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.

Item 12: *From Receipts and Logs, Redemption Weight (lbs.)* - Enter the applicable redeemable material weight rounded to the nearest tenth of a pound (i.e., $200.85 = 200.9$, $200.84 = 200.8$).

NOTE: The refund value entered in Item 13 divided by the applicable segregated refund value per pound rate in effect during the receipt and log dates entered should equal the redemption weight.

Item 13: *From Receipts and Logs, Refund (A)* - Add the refund value payments made and recorded on the daily summaries for the receipt and log period dates noted in Items 24 and 25 and enter the total here.

Item 14: *From Receipts and Logs, Processing Payment (B)* - Processing payments are payable only if shipping to a certified processor and a processing payment is in effect for the material type being shipped.

Redemption Weight (Item 12) x Processing Payment Rate = Processing Payment

Item 15: *Subtotal Due (A + B)* - Add the refund value and processing payment and enter the total here.

Refund (Item 13) + Processing Payment (Item 14) = Subtotal Due

Item 16: *From Shipping Reports or Consolidated Reports, Redemption Weight (lbs.)*
Add the total redemption weight of the shipping reports and consolidated reports, if any, received from other certified recycling programs, or curbside programs, and enter the total here. Be sure to attach the applicable shipping reports.

If program payments were reduced on the attached shipping reports or on consolidated shipping reports because the redemption weight exceeded the received weight by more than 2.5%, be sure to enter the lower of the redemption and received weights.

Item 17: *From Shipping Reports or Consolidated Reports, Refund (A)* - Add the refund value payments (Item 30) recorded on the attached shipping reports or consolidated reports received from other recyclers and enter the total here.

Item 18: *From Shipping Reports or Consolidated Reports, Processing Payment (B)* - Processing payments are payable only if shipping to a certified processor and a processing payment is in effect for the material type being shipped.

Redemption Weight (Item 16) x Processing Payment Rate = Processing Payment

Item 19: *Subtotal Due (A + B)* - Add the refund value and processing payment and enter the total here.

Refund (Item 17) + Processing Payment (Item 18) = Subtotal Due

Item 20: *Total* - Add Item 12 and Item 16, enter total in Item 20.

Item 21: *Total* - Add Item 13 and Item 17, enter total in Item 21.

Item 22: *Total* - Add Item 14 and Item 18, enter total in Item 22.

Item 23: *Total* - Add Item 15 and Item 19, enter total in Item 23.

NOTE: Enter the total in the field even if only one of the above lines is used.

Items 24-25: *Receipts and Log Entries For* - Enter the applicable dates from the daily summaries used to calculate the refund value in Item 13.

NOTE: The shipper must have been certified and operational during the receipts and logs dates indicated. Furthermore, with the exception of glass DR-6s, the dates must not overlap a period previously reported for the same material type by more than one day.

Items 26: *Number of Attachments or Consolidated Shipments* - Enter the number of shipping reports attached to this report and/or the number of shipments (line items) summarized on the consolidated shipping report detail form. For consolidated shipping reports, count each consolidated line item. NOTE: Do not count this shipping report -- count only the total number of reports and/or line items that are attached to this report.

RECEIVER PAYMENT ANALYSIS:

Items 27-37: *Do not enter any information for these items.* Only the receiver of the material may enter information for these items.

Items 38-39: *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the ending date indicated for the receipt and log period (Item 25).

Items 40-41: *Receiver's Signature/Title and Date* - These items should remain blank. Only the receiver of the material may enter information for these items.

Item 42: *Do not enter any information for this item.* This item is completed by the Department Accounting Office.

Item 43: *Form Serial Number (FSN):* - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN

1



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

2

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY NAME	3
ADDRESS	3
CERT. #	4
CONTACT PERSON	5
TELEPHONE NUMBER	6

COMPANY NAME	8
CERT. #	9

MATERIAL TYPE	10
---------------	----

11	AMENDMENT TO FSN								
----	------------------	--	--	--	--	--	--	--	--

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	12 .	13 .	14 .	15 .
FROM Shipping Reports or Consolidated Reports	16 .	17 .	18 .	19 .
TOTAL	20 .	21 .	22 .	23 .

Receipt & Log Entries For

24

Thru

25

Number of Attachments
or Consolidated Shipments

26

COMPLETED BY RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #	Received Wt. (Lbs.)	Refund Value (C)	Processing Pymt. (D)	Subtotal Due (C+D)
27	29	30	31	32
ADMINISTRATIVE FEE				34
Received Date: 28	Completed by receiver only: 33	% of Reduction Taken	TOTAL PAYMENT DUE	35

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

36

Glass
Color

37

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

38
APPROVED FOR PAYMENT Shipper's Signature/Title
40
Receiver's Signature/Title

FOR STATE USE ONLY

42

39

Date

41

Date

43

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**ABC REYCLERS**

ADDRESS

500 Orange Ave**Sacramento, CA 95814**

CERT. #

RC0001CONTACT
PERSON**Joe Smith**TELEPHONE
NUMBER**(916) 799-0001**

COMPANY NAME

INTERNATIONAL PROCESSORS

CERT. #

PR9966MATERIAL
TYPE**ALUMINUM**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	1,500.0	\$1,128.75	•	\$1,128.75
FROM Shipping Reports or Consolidated Reports	•	•	•	•
TOTAL	1,500.0	\$1,128.75	•	\$1,128.75

Receipt & Log Entries For

01 05 00

Thru

01 12 00Number of Attachments
or Consolidated Shipments

COMPLETED BY RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

--	--	--	--	--

ADMINISTRATIVE
FEEReceived
Date:Completed by
receiver only:

% of

Reduction Taken

TOTAL PAYMENT DUE

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

Glass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/13/00

Date

Date

60085643

04/04/00

SHIPPING RECYCLING CENTERS (DR-6)

SECTION III - 8

(b) Receiving Recycling Centers

NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 7 and a sample of a completed DR-6 can be found on page 13 of this section.

RECYCLER PAYMENT REQUEST INFORMATION:

Item 1-2: *CCN - Do not enter any information for these items.* These items are completed by the service contractor.

Items 3-26: *These items are to be completed by the shipper.* A receiving recycling center completes these fields only when completing the shipping report on behalf of a dropoff or collection, curbside, or community service program. Please refer to page 16 of this section for further instructions.

In the event errors are made in the *Recycler Payment Request Information* section of the shipping report, a receiving recycling center may adjust the refund values reported **only** when the requested payment exceeds the maximum allowable payment for the redemption weight reported. **NOTE: The redemption weights and receipt and log reporting dates, however, should never be changed without permission from the shipping recycler.**

To indicate any changes made to the shipping report prior to submission to the service contractor line out the incorrect figure, write in the corrected figure, and initial and date the change.

RECEIVER PAYMENT ANALYSIS:

Item 27: *Weight Ticket #* - Upon receipt of material, the receiving recycling center weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

Item 28: *Received Date* - Enter the date that the materials were received. This date should match the date recorded on the receiver's weight ticket. NOTE: The received date must be on or after the ending date shown in the receipt and log period. Also, the receiver of the materials must be certified at the time of delivery in order to be reimbursed program payments paid to the shipper.

Item 29: *Received Weight* - Record the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report.

At this point, the receiving recycling center should determine if the received weight appears appropriate for the material delivered. If it does not, the receiving recycling center may choose to contact the shipper to verify that the shipping report was accurately completed.

If the redemption weight claimed by the shipper exceeds the received weight by more than 2.5%, the refund value must be reduced proportionately. (See Item 30 below).

Item 30: *Refund Value (C)* - The receiving recycling center shall pay the reported refund value (Item 21) provided that the refund value is appropriate for the redemption weight reported (i.e. redemption weight x segregated CRV rate per pound = refund value) and the redemption weight does not exceed the received weight by more than 2.5%.

The following is an example of the calculations used to determine if a reduction in the refund value claimed is warranted:

Total Redemption Weight (Item 20) / Total Received Weight (Item 29)
(e.g., $1,500/1460.3 = 1.027186$)

The result of this calculation must be rounded to three decimal places (e.g., $1.027186 = 1.027$). Enter 1.027 for Item 33.

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025), therefore the refund value claimed must be reduced.

NOTE: When the redemption weight exceeds the received weight by more than 2.5% (1.025), the receiver shall make payment based on the lesser of the following:

- **A.** The refund value divided by the ratio calculated above.

Example: If the Total Refund Value (Item 21) = \$1,128.75
then, $\$1,128.75/1.027 = \mathbf{\$1,099.07}$

- **B.** The total received weight multiplied by the segregated CRV rate per pound.

Example: If the Received Weight (Item 29) = 1,460.3 and the
segregated CRV rate per pound = \$0.7525 then,
 $1,460.3 \text{ lbs.} \times \$0.7525 = \mathbf{\$1,098.87}$

The total refund value in example B is less than the total refund value in example A. Therefore, the correct refund value is **\$1,098.87** (Item 30).

- Item 31: *Processing Payment (D)*** - This item should remain blank. Processing payments are only payable if the receiver is a certified processor and there is a processing payment in effect for the material type being shipped.
- Item 32: *Subtotal Due (C + D)*** - Enter the total refund value listed for Item 30.
- Item 33: *% of Reduction Taken*** - If the refund value paid was reduced from the refund value requested by the shipping recycling center due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (i.e., 2.7% = 1.027). To verify the % reduction taken, divide the refund value requested (Item 21) by the refund value paid (Item 30).
- Item 34: *Administrative Fee*** - This item should remain blank. Administrative fees are only payable if the receiver is a certified processor.
- Item 35: *Total Payment Due*** - Enter the total of Items 32 and 34. For receiving recycling centers, this amount will be equal to the amount shown in Item 32.
- Item 36: *Segregated Box (10/95 form)/Glass Color (01/00 form)*** - This item should remain blank. This box is completed when the receiving recycling center prepares a shipping report on behalf of a curbside program for qualification for the Quality Glass Incentive Payment.
- Item 37: *% of Shrinkage*** - This item should remain blank. This item is completed when the receiving recycling center prepares a shipping report on behalf of dropoff or collection, curbside, or community service programs.
- Items 38-39: *Shipper's Signature/Title and Date*** - The authorized representative of the shipper's business shall sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. Also, the signature date must be on or after the ending date indicated for the receipt and log period (Item 25).
- Items 40-41: *Receiver's Signature/Title and Date*** - The authorized representative of the receiver's business must sign and date the shipping report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.
- Item 42: *Do not enter any information for this item.*** This item is completed by the Department Accounting Office.

Item 43: *Form Serial Number (FSN)* - This number helps to identify a specific report. When making inquiries or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**ABC RECYCLERS RESOURCE**

ADDRESS

500 Orange Ave**Sacramento, CA 95814**

CERT. #

RC0001CONTACT
PERSON**Joe Smith**TELEPHONE
NUMBER**(916) 799-0001**

COMPANY NAME

"THE RIGHT STUFF" RECYCLING

CERT. #

RC9996MATERIAL
TYPE**ALUMINUM**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	1,500.0	\$1,128.75	•	\$1,128.75
FROM Shipping Reports or Consolidated Reports	•	•	•	•
TOTAL	1,500.0	\$1,128.75	•	\$1,128.75

Receipt & Log Entries For

01 05 00

Thru

01 12 00Number of Attachments
or Consolidated Shipments

COMPLETED BY RECEIVER

Weight Ticket #

2001

Received Wt. (Lbs.)

1,460.3

RECEIVER PAYMENT ANALYSIS

Refund Value (C)

\$1,098.87

Processing Pymt. (D)

ADMINISTRATIVE
FEE

Subtotal Due (C+D)

\$1,098.87Received
Date:**01 13 00**Completed by
receiver only:**1.027**

% of

Reduction Taken

TOTAL PAYMENT DUE

\$1,098.87

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

Glass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/13/00

Date

01/13/00

Date

60085643

04/04/00

RECEIVING RECYCLING CENTERS (DR-6)

SECTION III - 13

(c) Shipping Reports for Dropoff or Collection, Curbside, or Community Service Programs

Based on materials received from dropoff or collection, curbside, or community service programs, the receiving recycling center will inspect the material, produce a weight ticket and prepare a shipping report on behalf of the shipping entity. The receiving recycling center will compute and pay the refund value for the materials received and provide the shipper with a copy of the shipping report and weight ticket as a receipt.

NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 7 and a sample of a completed DR-6 can be found on page 20 of this section.

RECYCLER PAYMENT REQUEST INFORMATION:

Item 1-2: *CCN* - Do not enter any information for these items. These items are completed by the service contractor.

Item 3: *Company Name and Address (Shipper)*

NAME - Enter the name of the organization/program selling materials to you exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.

ADDRESS - Enter organization/program address, city, state, and zip code of the organization exactly as it appears on the certificate/approval letter issued by the Division.

Item 4: *Shipper's Certification or Identification Number* - Enter the applicable identification number of the group shipping the material to you. This is a two digit alpha, four digit numeric certification/identification number. The following are examples of certification/identification numbers:

C P _ _ _ _ = Dropoff or Collection Program

C S _ _ _ _ = Curbside Program

S P _ _ _ _ = Community Service Program

Item 5: *Contact Person* - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

Item 6: *Telephone Number* - Enter the area code and phone number of the contact person.

Item 7: Do not enter any information for this item. This item is completed by the service contractor.

PRPS RECEIVING RECYCLING CENTERS - GROUPS (DR-6)

Item 8: *Company Name (Receiver)* - Enter the name of the company, **exactly as it appears on the certificate issued by the Division.**

Item 9: *Receiver's Certification Number* - Enter the certification number of the recycling center receiving the material.

R C _ _ _ _ is the only valid receiver type.

NOTE: The receiver of the material must be a certified recycling center at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.

Item 10: *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

Item 11: *Amendment to FSN (Form Serial Number)* - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Include the form serial number (Item 43) of the shipping report being amended. Please refer to Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.

Items 12-19: *Do not enter any information for these items.* These items are **not** completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.

Item 20: *Total Redemption Weight* - Total redemption weight is the weight of redeemable containers only (CRV containers) and must be rounded to the nearest 1/10th of a pound (i.e., 200.85 = 200.9, 200.84 = 200.8).

NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate, or a Division approved individual program commingled rate.

In order to properly calculate redemption weight, you must first calculate the refund value (Item 30). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight. See "% of Shrinkage" in Item 37 for an example of calculating and deducting shrinkage from the refund value.

The following is an example of the refund value and redemption weight calculations for a curbside program assuming payment is based on a statewide

average commingled rate of \$0.025 per pound for glass and no excessive contamination and/or shrinkage is present in the load:

- A load of glass is delivered to a recycler, the received weight is 15,500 pounds.
- Multiply the received weight by the commingled rate per pound for curbside programs.

$$15,500 \times \$0.025 = \$387.50$$

\$387.50 is the refund value (Item 30)

- Divide the refund value by the applicable segregated per pound rate for recycling centers.

$$\$387.50 / \$0.05 = 7,750$$

7,750 pounds is the total redemption weight in this example.

NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.

Items 21-26: *Do not enter any information for these items.* These items are to remain blank when a shipping report is being completed on behalf of dropoff or collection, curbside, or community service programs.

RECEIVER PAYMENT ANALYSIS:

Item 27: *Weight Ticket #* - Upon receipt of material, the receiving recycling center weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

Example: 1,000 pounds of glass is received in a single load for CS9998 and CS9999, the weight ticket number is **1234**. 700 pounds of the received weight is allocated to CS9998. The remaining 300 pounds of received weight is allocated to CS9999. The weight ticket number for CS9998 would be recorded as **1234a** and for CS9999 it would be **1234b**.

Item 28: *Received Date* - Enter the date on which the materials were received. This date should match the date recorded on the weight ticket. The receiver of the materials and the shipping entity must be certified by the Division on the date of delivery and must have notified the Division in writing that they are operational. Curbside programs must be registered with the Division on this date.

Item 29: *Received Weight* - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The received weight is used to determine the redemption weight indicated in (Item 20) of the shipping report.

Item 30: *Refund Value (C)* - Multiply the total received weight (Item 29), minus shrinkage % (Item 37), if any, times the commingled rate per pound for the material type reported and enter the result. See example of calculation when shrinkage is present at Item 37.

(Received Weight (Item 29) - Shrinkage % (Item 37)) x Statewide Average Commingled Rate Per Pound = Refund Value

If the shipping entity has a Division approved individual program commingled rate the calculation is as follows:

(Received Weight (Item 29) - Shrinkage % (Item 37)) x Individual Program Commingled Rate Per Pound = Refund Value

Item 31: *Processing Payment* - This item should remain blank. Processing payments are only payable if the receiver on the shipping report is a certified processor.

Item 32: *Subtotal Due* - Enter the refund value

Refund Value (Item 30) = Subtotal Due

Item 33: *% of Reduction Taken* - This item should remain blank. This item is only completed when materials are received from other recycling centers.

Item 34: *Administrative Fees* - This item should remain blank. Receiving recycling centers do not pay administrative fees.

Item 35: *Total Payment Due* - Enter the total amount shown in Item 32.

Item 36: *Segregated Box (10/95 form)/Glass Color (1/00 form)* – If receiving glass materials from a curbside program, please indicate the color of glass received using the appropriate two-digit indicator in this box (i.e., FL-flint, GR-green, AB-amber, MX-mixed).

NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments the glass received must be color sorted and substantially free of contamination. As a result, if more than one color of glass is shipped as a single load, a separate shipping report will need to be completed for each color shipped in order for the curbside program to qualify for these payments.

Item 37: *% of Shrinkage* - The percentage of shrinkage is the reduction of redemption weight due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. This factor is determined by the receiving recycling center's visual inspection of the load. When shrinkage is found, the percentage of shrinkage is entered here. (e.g., a recent rain has added weight of approximately 2% to the load. The percentage of shrinkage = .02.)

The following is an example of the refund value (Item 30) calculation assuming payment is based on a statewide average commingled rate of \$0.75 per pound along with a 2% reduction for shrinkage:

- **A load of aluminum is delivered to a recycling center, the received weight is 1,000 pounds.**
- **Total adjustment percentage = 98% (100% - 2% for shrinkage)**
- **Multiply the received weight by the total adjustment percentage.**

 $1,000 \times .98 = 980$ adjusted weight
- **Multiply the adjusted received weight by the commingled rate per pound.**

$$980 \times \$0.75 = \$735.00$$

\$735.00 is the calculated refund value (Item 30) in this example.

Items 38-39: *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature **must be an original**. No rubber stamps or facsimile will be accepted. Also, the signature date must be on or after the received date (Item 28).

PRPS RECEIVING RECYCLING CENTERS - GROUPS (DR-6)

Items 40-41: *Receiver's Signature/Title and Date* - The authorized representative of the receiver's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 42: *Do not enter any information for this item.* This item is completed by the Department Accounting Office.

Item 43: *Form Serial Number (FSN):* - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**CITY OF RESOURCE**

ADDRESS

1200 Recycle Rd**Resource, CA 97811**

CERT. #

CS9998CONTACT
PERSON**Amber Sun**TELEPHONE
NUMBER**(916) 987-0001**

COMPANY NAME

"THE RIGHT STUFF" RECYCLING

CERT. #

RC0002MATERIAL
TYPE**GLASS**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	.	.	.	.
FROM Shipping Reports or Consolidated Reports	.	.	.	.
TOTAL	7,750.0	.	.	.

Receipt & Log Entries For

Thru

Number of Attachments
or Consolidated Shipments

COMPLETED BY RECEIVER

Weight Ticket #

10301

Received Wt. (Lbs.)

15,500.0

RECEIVER PAYMENT ANALYSIS

Refund Value (C)

\$387.50

Processing Pymt. (D)

Subtotal Due (C+D)

\$387.50ADMINISTRATIVE
FEE**\$387.50**Received
Date:**01 13 00**Completed by
receiver only:% of
Reduction Taken

TOTAL PAYMENT DUE

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

FLGlass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/13/00

Date

01/13/00

Date

60085650

2. Recycling Center Checklist

Below is a list of items to check prior to submitting your paperwork to a processor to ensure that it has been completed correctly.

Did you remember to:

- Enter the receipt and log dates (if there is information reported in Items 12-15)?
- Ensure that the certification number is correct and VALID?
- Enter the organization/program name and address exactly as it appears on the certificate issued by the Division?
- Sign the report?
- Ensure that the signature date is on or after the received date?
- Ensure that the received date is on or after the last day of the receipt and log dates?

SECTION IV - Certified Processors Payment and Reporting Requirements**A. Definitions**

"**Processor**" means any person, including a scrap dealer, certified by the Department who purchases or offers to purchase empty beverage containers from more than one recycling center in this State. Processors are also responsible for canceling empty beverage container(s) in a manner prescribed in Section 2000(a)(4) of the regulations. (14CCR, Section 2000(a)(35))

"**Processor Invoice**" means the report required in Section 2425 of the regulations which the Department uses to determine payment to a certified processor. (14CCR, Section 2000(a)(35.1))

B. Payment Procedures**1. Payment to Certified Recyclers**

The processor shall weigh and inspect the material and compare the total received weight to the total redemption weight as set forth in the shipping report. If the redemption weight claimed by the shipper **does not exceed** the received weight by more than 2.5%, the processor shall make payment based upon the **total refund value paid as documented on the shipping report**.

If the redemption weight claimed by the shipper **does exceed** the received weight by more than 2.5%, the refund value and processing payments must be reduced proportionately. Procedures for calculating the shrinkage percentage and determination of the applicable refund value payment are outlined on page 4 & 5, Item 30 of this section. **A processor must not pay refund value payments to certified recycling centers in excess of that warranted by the received weight.**

2. Dropoff or Collection, Curbside, and Community Service Programs

Processors pay refund values, applicable processing payments and administrative fees to curbside programs and refund values and applicable processing payments to dropoff and collection, and community service programs, based upon the materials received as documented on the shipping report prepared by the processor.

Dropoff or collection, curbside and community service programs are not eligible to receive payment based upon a segregated rate. However, these programs may apply for, and be issued, "individual" commingled rates by the Department to be used in lieu of the applicable statewide average commingled rates.

NOTE: When payment is made based upon the published statewide average commingled rate, an individual program commingled rate, and/or if excessive contamination or shrinkage exists, the redemption weight and refund value must be adjusted accordingly.

C. Procedures for Completing Reporting Forms

In addition to the general reporting requirements found in Act and Regulations, all shipping reports must be completed in accordance with the following requirements:

- Processor invoices must have the applicable supporting shipping reports attached, or a statement on the processor invoice that there is nothing to report. **Note: All processors are required to report at least monthly even if there were no purchases during the period.**
- Submit the **original** shipping reports and processor invoice.
- Reports **must be signed** (original signature) and **dated** by the shipping entity and the receiving recycler or processor.
- A separate shipping report must be prepared for each material type transferred. **NOTE: SEPARATE SHIPPING REPORTS MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.**
- In the event a processor is completing a shipping report on behalf of a dropoff or collection, curbside, or community service program, a separate shipping report must be prepared for each material type.
- All dollar figures must be entered in U.S. currency.
- All weights must be expressed in pounds, to a maximum of one decimal place.

1. Recycling Center Shipping Reports (DR-6)

Upon receipt of aluminum, bimetal, plastic PETE, plastic HDPE, plastic VINYL, plastic LDPE, plastic PP, plastic PS or plastic OTHER materials from certified recycling centers, processors will be presented with a shipping report for each material type. For shipments of glass materials, certified recycling centers are allowed to submit the applicable shipping report(s) after the received weight is obtained. Attached to the shipping report may be additional shipping reports for materials received by the certified recycling center from other certified entities. The processor will complete the shipping report as outlined below and **return an exact duplicate** to the recycling center as a receipt.

(a) Shipping Reports Received From Certified Recycling Centers

NOTE: An itemized copy of the DR-6 described in the procedures below, and a subsequent example of a completed DR-6, can be found on pages 7 and 8 of this section.

RECYCLER PAYMENT REQUEST INFORMATION:

Items 1-2: CCN - Do not enter any information for these items. These items are used by the service contractor.

Items 3-26: These items are to be completed by the shipper. NOTE: It is the receiver's responsibility to ensure these fields have been completed.

In the event errors are made in the *Recycler Payment Request Information* section of the shipping report, a receiver may adjust refund values and any other program payments reported **only** when the requested payments exceed the maximum allowable payment for the redemption weight reported. **NOTE: Redemption weights and receipt and log reporting dates, however, should never be changed without permission from the shipping recycler.**

To indicate any changes made to the shipping report prior to submission, line out the incorrect figure, write in the corrected figure, and initial and date the change.

RECEIVER PAYMENT ANALYSIS:

Item 27: Weight Ticket # - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If the material is not physically delivered to the processor, enter the weight ticket number of the entity receiving the material. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

Item 28: *Received Date* - Enter the date that the materials are received. This should be the date indicated on the weight ticket. NOTE: The receiver of the materials must be certified on the date of delivery and must have notified the Division in writing that they are operational in order to be reimbursed program payments made to the shipper. Also, this date must be on or after the ending date shown in the receipt and log period and be within the reporting period indicated on the processor invoice.

Item 29: *Received Weight* - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report.

At this point, the processor should determine if the received weight appears appropriate for the material delivered. If it does not, the processor may choose to contact the shipper to verify that the shipping report was accurately completed.

If the redemption weight claimed by the shipper exceeds the received weight by more than 2.5%, program payments must be reduced proportionately. (See Items 30-31 below).

Items 30: *Refund Value (C)* - The processor shall pay the shipper's reported values indicated in Item 21 provided the redemption weight reported in Item 20 does not exceed the received weight by more than 2.5%.

The following are examples of the calculations to determine if the refund value requested should be reduced:

Total Redemption Weight (Item 20) / Total Received Weight (Item 29) (i.e. 5,720/5,500 = 1.04)

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025), therefore the refund value claimed must be reduced.

NOTE: When the weight variance exceeds 2.5% (1.025), the receiver shall make payment based on the lesser of the following:

- **A.** The refund value divided by the ratio calculated above.

Example: If the Refund Value = \$4,304.30
then, $\$4,304.30 / 1.04 = \$4,138.75$

- **B.** The total received weight multiplied by the segregated CRV rate per pound.

Example: If the Received Weight (Item 8) = 5,500 pounds and the segregated CRV rate per pound = \$0.7525 then, $5,500 \times \$0.7525 = \$4,138.75$

The refund value in example A is equal to the refund value in example B. Therefore, the correct refund payment is **\$4,138.75**

Item 31: *Processing Payment (D)* - If there is a processing payment in effect for the receipts & logs time period indicated, enter the amount of processing payment payable.

Redemption Weight (Item 20) x Processing Payment Rate = Processing Payment

NOTE: If you have reduced the refund value paid (Item 30), you must also reduce the processing payment accordingly.

Item 32: *Subtotal Due (C + D)* - Add the values in Items 30 and 31 and enter here.

Refund Value (Item 30) + Processing Payment (Item 31) = Subtotal Due

Item 33: *Percent Reduction Taken* - If the refund value claimed by the shipper was reduced (Item 30) due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (e.g., 2.6% = 1.026).

Item 34: *Administrative Fee* - Multiply the refund value by the applicable administrative fee percentage.

Refund Value (Item 30) x Administrative Fee Percentage = Administrative Fee

All certified recycling centers and curbside programs delivering loads to the processor are eligible to receive applicable administrative fees.

Item 35: *Total Payment Due* - Add Items 32 and 34 and enter total here.

Subtotal Due (Item 32) + Admin. Fee (Item 34) = Total Payment Due

- Item 36:** *Segregated Box (10/95 form)/Glass Color (01/00 form)* - This item should remain blank. This box is completed when the receiving processor prepares a shipping report on behalf of a curbside program for qualification for the Quality Glass Incentive Payment.
- Item 37:** *% of Shrinkage* - This item should remain blank. This item is only completed for shipping reports prepared on behalf of dropoff or collection, curbside, or community service programs.
- Item 38-39:** *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. The signature date must be on or after the ending date indicated for the receipt and log period (Item 25).
- Items 40-41:** *Receiver's Signature/Title and Date* - The authorized representative of the receiver's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.
- Item 42:** *Do not enter any information for this item.* This item is completed by the Department Accounting Office.
- Item 43:** *Form Serial Number (FSN):* - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN

1



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

2

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY NAME	3
ADDRESS	3
CERT. #	4
CONTACT PERSON	5
TELEPHONE NUMBER	6

COMPANY NAME	8
CERT. #	9

MATERIAL TYPE	10
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11	AMENDMENT TO FSN								
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RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	12 •	13 •	14 •	15 •
FROM Shipping Reports or Consolidated Reports	16 •	17 •	18 •	19 •
TOTAL	20 •	21 •	22 •	23 •

Receipt & Log Entries For	24	Thru	25	Number of Attachments or Consolidated Shipments	26
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COMPLETED BY RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #	Received Wt. (Lbs.)	Refund Value (C)	Processing Pymt. (D)	Subtotal Due (C+D)
27	29	30	31	32
ADMINISTRATIVE FEE				34
TOTAL PAYMENT DUE				35

Received Date: 28

Completed by receiver only: 33

% of Reduction

TOTAL PAYMENT DUE

For Quality Glass Incentive Payment Program (Curbside Programs Only).

In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint GR = Green AB = Amber MX = Mixed

36

Glass Color

37

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

38	Shipper's Signature/Title
40	Receiver's Signature/Title

FOR STATE USE ONLY

42

39

Date

41

Date

43

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**ABC RECYCLERS**

ADDRESS

500 Orange Ave**Sacramento, CA 95814**

CERT. #

RC0001CONTACT
PERSON**Joe Smith**TELEPHON
E NUMBER**(916) 799-0001**

COMPANY NAME

INTERNATIONAL PROCESSORS

CERT. #

PR9966MATERIAL
TYPE**GLASS**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	15,500.0	\$775.00	\$523.74	\$1,329.59
FROM Shipping Reports or Consolidated Reports	.	.	.	.
TOTAL	15,500.0	\$775.00	\$523.74	\$1,329.59

Receipt & Log Entries For

01 05 00

Thru

01 12 00Number of Attachments
or Consolidated ShipmentsCOMPLETED BY
RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

12001**15,500****\$775.00****\$523.74****\$1,298.74**ADMINISTRATIVE
FEE**\$5.81**Received
Date:**01 12 00**Completed by
receiver only:% of
Reduction

TOTAL PAYMENT DUE

\$1,304.55**For Quality Glass Incentive Payment Program (Curbside Programs Only).**

In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint**GR** = Green**AB** = Amber**MX** = MixedGlass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/13/00

Date

01/13/00

Date

60085693

04/04/00

PROCESSORS - RECYCLING CENTERS (DR-6)

SECTION IV - 8

(b) Shipping Reports For Dropoff or Collection, Curbside, and Community Service Programs

Based on materials received from dropoff or collection, curbside, or community service programs, the processor will produce a weight ticket and prepare a shipping report on behalf of the shipping entity. Processors will compute and pay the refund value, and any applicable processing payments and administrative fees, for materials received and provide the shipper with a copy of the shipping report and the weight ticket as a receipt.

NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 7 and a sample of a completed DR-6 can be found on page 15 of this section.

RECYCLER PAYMENT REQUEST INFORMATION SECTION:

Item 1-2: CCN - Do not enter any information for these items. These items are completed by the service contractor.

Item 3: FROM Name and Address (Shipper)

NAME - Enter the name of the organization/program selling materials to you exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.

ADDRESS - Enter the organization/program address, city, state, and zip code of the shipper exactly as it appears on the certificate/approval letter issued by the Division.

Item 4: Shipper's Certification or Identification Number - Enter the applicable certification/identification number of the entity shipping the material to you. The following are examples of certification numbers:

C P _ _ _ _ = Dropoff or Collection Program

C S _ _ _ _ = Curbside Program

S P _ _ _ _ = Community Service Program

Item 5: Contact Person - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

Item 6: Telephone Number - Enter area code and phone number of the contact person.

Item 7: Do not enter any information for this item. This item is completed by the service contractor.

Item 8: To Name - Enter the name of your company exactly as it appears on the certificate issued by the Division. Do not abbreviate.

- Item 9:** *Receiver's Certification Number* - Enter the certification number of your processing center receiving the material.

P R _ _ _ _ is the only valid receiver type.

NOTE: The receiver of the material must be a certified processor at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.

- Item 10:** *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

- Item 11:** *Amendment to FSN (Form Serial Number)* - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Include the form serial number (Item 43) of the shipping report being amended. Please refer the Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.

- Items 12-19:** *Do not enter any information in these areas.* These items are **not** completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.

- Item 20:** *Total Redemption Weight* - The redemption weight is the weight of California redemption labeled beverage containers.

This weight must reflect **redeemable** containers only and must be rounded to the nearest 1/10th of a pound (i.e., 200.85 = 200.9, 200.84 = 200.8).

NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate per pound or the Division's approved individual program commingled rate.

In order to properly calculate redemption weight, you must first calculate the refund value (Item 30). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight. See "% of Shrinkage" in Item 37 for an example of calculating and deducting shrinkage from the refund value.

The following is an example of the refund value and redemption weight calculations for a curbside program assuming payment is based on a statewide

average commingled rate of \$0.32 per pound for PETE #1 and no excessive contamination/shrinkage is present:

- A load of plastic PETE is delivered to a processor, the received weight is 12,500 pounds.
- Multiply the received weight by the commingled rate per pound for curbside programs.

$$12,500 \times \$0.32 = \$4,000.00$$

\$4,000.00 is the refund value (Item 30)

- Divide the refund value by the applicable segregated per pound rate for recycling centers.

$$\$4,000.00 / \$0.40 = 10,000.0$$

pounds is the redemption weight in this example.

NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.

Items 21-26: *Do not enter any information in these areas.* These items are not completed when a shipping report is completed on behalf of dropoff or collection, curbside, or community service programs.

RECEIVER PAYMENT ANALYSIS SECTION:

Item 27: *Weight Ticket #* - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

Example: 1,000 pounds of glass is received in a single load for CS9998 and CS9999, the actual weight ticket number is **1234**. The shipping report for CS9998 has 700 pounds allocated to the received weight. The weight ticket number would be recorded as **1234a**. The shipping report for CS9999 has 300 pounds allocated to the received weight. The weight ticket number would be recorded as **1234b**.

Item 28: *Received Date* - Enter the date on which the materials were received. NOTE: The receiver of the materials and the shipping entity must be certified by the Division at the date of delivery and must have notified the Division in writing that they are operational. Curbside programs must be registered with the Division on this date.

Item 29: *Received Weight* - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report. The received weight is used in determining the redemption weight indicated in (Item 20) of the shipping report.

Item 30: *Refund Value (C)* - Multiply the total received weight (Item 29), minus shrinkage % (Item 37), if any, times the commingled rate per pound for the material type reported and enter the result. See Item 37 for an example of the refund value calculation when excessive contamination/shrinkage is present in the load.

(Received Weight (Item 29) - Shrinkage % (Item 37)) x Statewide Average Commingled Rate Per Pound = Refund Value

If the shipping entity has a Division approved individual program commingled rate the calculation is as follows:

(Received Weight (Item 29) - Shrinkage % (Item 37)) x Individual Program Commingled Rate Per Pound = Refund Value

Item 31: *Processing Payment (D)* - If there is a processing payment in effect at the time materials are received, enter the amount of processing payment.

Redemption Weight (Item 20) x Processing Payment Rate = Processing Payment

Item 32: *Subtotal Due* - Add Item 30 and 31 and enter total here.

Refund Value (Item 30) + Processing Payment (Item 31) = Subtotal Due

Item 33: *% Reduction Taken* - This item should remain blank. This item is only completed when materials are received from certified recyclers.

Item 34: *Administrative Fee* - Multiply the refund value by the applicable administrative fee percentage.

Refund Value (Item 30) x Administrative Fee Percentage = Administrative Fee

NOTE: All curbside programs delivering loads to the processor are eligible to receive an administrative fee. Certified dropoff or collection and community service programs are **not** eligible to receive administrative fees.

Item 35: *Total Payment Due* - Add Items 32 and 34 and enter the total here.

Subtotal Due (Item 32) + Administrative Fee (Item 34) = Total Payment Due

Item 36: *Segregated Box (10/95 form)/Glass Color (1/00 form)* – If receiving glass materials from a curbside program, please indicate the color of glass received using the appropriate two-digit indicator in this box (i.e., FL-flint, GR-green, AB-amber, MX-mixed). NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments the glass received must be color sorted and substantially free of contamination. As a result, if more than one color of glass is shipped as a single load, a separate shipping report will need to be completed for each color shipped in order for the curbside program to qualify for these payments.

Item 37: *% of Shrinkage* - The percentage of shrinkage is the reduction of redemption weight due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. This factor is determined by the receiving recycling center's visual inspection of the load. When shrinkage is found, the percentage of shrinkage is entered here. (e.g., a recent rain has added weight of approximately 2% to the load. The percentage of shrinkage = .02.)

The following is an example of the refund value (Item 30) calculation assuming payment is based on a statewide average commingled rate of \$0.025 per pound along with a 2% reduction for shrinkage:

- **A load of glass is delivered to a recycling center, the received weight is 1,000 pounds.**
- **Total adjustment percentage = 98% (100% - 2% for shrinkage)**
- **Multiply the received weight by the total adjustment percentage.**

1,000 x .98 = 980 adjusted weight

- **Multiply the adjusted weight by the commingled rate per pound.**

$$980 \times \$0.025 = \$24.50$$

\$24.50 is the calculated refund value (Item 30) in this example.

Item 38-39: *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed. The signature date must be on or after the received date (Item 28).

Items 40-41: *Receiver's Signature/Title and Date* - The authorized representative of the receiver's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 42: *Do not enter any information in this area.* This item is completed by the Department Accounting Office.

Item 43: *Form Serial Number (FSN)*: - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**PEOPLE OF THE SUN RECYCLING**

ADDRESS

2000 Millennium Way**Century City, CA 99999**

CERT. #

CS1999CONTACT
PERSON**Zack de la Rocha**TELEPHONE
NUMBER**(916) 987- 2001**

COMPANY NAME

ALL PLASTICS PROCESSING

CERT. #

PR9996MATERIAL
TYPE**HDPE #2**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	•	•	•	•
FROM Shipping Reports or Consolidated Reports	•	•	•	•
TOTAL	2,083.3	•	•	•

Receipt & Log Entries For

Thru

Number of Attachments
or Consolidated ShipmentsCOMPLETED BY
RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

11301**12,500.0****\$500.00****\$570.18****\$1,070.18**ADMINISTRATIVE
FEE**\$3.75**Received
Date:**01 18 00**Completed by
receiver only:% of
Reduction

TOTAL PAYMENT DUE

\$1,073.93**For Quality Glass Incentive Payment Program (Curbside Programs Only).**

In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint**GR** = Green**AB** = Amber**MX** = MixedGlass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/18/00

Date

01/18/00

Date

60085633

04/04/00

PROCESSORS - GROUPS (DR-6)

SECTION IV - 15

(c) Reporting Non-Redemption Materials

Each month all processors must report the amount of non-redemption **postfilled** aluminum, glass, and plastic food and drink packaging materials recycled. NOTE: This information is for reporting purposes only and does not qualify for program payments.

Shipping reports for certified recycling centers, dropoff or collection, community service, or curbside programs will include the weight of non-redemption food and drink packaging materials, if any, in the total received weight.

If the processor receives materials from a non-certified recycler, or if a certified entity delivers postfilled non-redemption material separate from CRV material, a separate shipping report is required to report materials received from the non-certified recycler and/or for postfilled non-redemption materials. This does not include line breakage, rejected containers, or containers received from out-of-state.

NOTE: An itemized copy of the DR-6 described in the procedures below can be found on page 7, and a subsequent example of a completed DR-6 can be found 19 of this section.

RECYCLER PAYMENT REQUEST INFORMATION:

Item 1 & 2: *CCN* - Do not enter any information in these areas. These fields are used by the service contractor.

Item 3: *Company Name and Address (Shipper)*

NAME - Enter the name of the entity delivering non-redemption postfilled food and drink packaging materials to you. If a certified entity, enter the company name exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.

ADDRESS - Enter the business address, city, state, and zip code of the shipper or facility address. If a certified entity, enter the company address exactly as it appears on the certificate/approval letter issued by the Division.

Item 4: *Shipper's Certification Number* - Enter the applicable identification number or certification number of the shipper.

NOTE: If the shipper is not a certified entity (a non-certified recycler), use NR9999 as the identification number.

Item 5: *Contact Person* - Enter the name of the person who prepared this report or someone who can answer questions concerning the report.

Item 6: *Telephone Number* - Enter the area code and phone of the contact person.

- Item 7:** *Do not enter any information for this item.* This item is completed by the service contractor.
- Item 8:** *Company Name (Receiver)* - Enter the name of your company, exactly as it appears on the certificate issued by the Division. Do not abbreviate.
- Item 9:** *Receiver's Certification Number* - Enter the PR__ __ __ __ identification number assigned to you by the Division.
- Item 10:** *Material Type* - Enter material type covered by the report (i.e., postfilled aluminum, postfilled glass, postfilled bimetal, postfilled plastic (indicate resin type)). Do not use terms such as “cans”, “bottles”, or simply “plastic”.

NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

- Item 11:** *Amendment to FSN (Form Serial Number)* - Check this box if the shipping report is amending a previous shipping report which has been processed. Include the form serial number (Item 43) of the shipping report being amended. Please refer to Section II page 6 of this manual for the specific procedures for preparing and submitting amended shipping reports.
- Items 12-26:** *Do not enter any information for these items.* These items are not completed when a processor is filling out a shipping report for the purpose of reporting only postfilled non-redemption materials.

RECEIVER PAYMENT ANALYSIS:

- Item 27:** *Weight Ticket #* - Upon receipt of material, the receiving processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).
- Item 28:** *Received Date* - Enter the date that the materials were received.
- Item 29:** *Received Weight* - Record the received weight of the shipment.
- Items 30-37:** *Do not enter any information in these areas.* These items are not completed when a processor is filling out a shipping report for the purpose of reporting only post-filled non-redemption materials.

Item 38-39: *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the received date (Item 28).

Items 40-41: *Receiver's Signature/Title and Date* - The authorized representative of the receiver's business must sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 42: *Do not enter any information in this area.* This item is completed by the Department Accounting Office.

Item 43: *Form Serial Number (FSN):* - This number identifies a specific report. When making inquires or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**ABC RECYCLERS**

ADDRESS

500 Orange Ave**Sacramento, CA 95814**

CERT. #

RC0001CONTACT
PERSON**Joe Smith**TELEPHONE
NUMBER**(916) 987- 0001**

COMPANY NAME

INTERNATIONAL PROCESSORS

CERT. #

PR9966MATERIAL
TYPE**POSTFILLED PLASTIC LDPE**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs
FROM Shipping Reports or Consolidated Reports
TOTAL

Receipt & Log Entries For

Thru

Number of Attachments
or Consolidated Shipments

COMPLETED BY
RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

10301**1,500.0**ADMINISTRATIVE
FEEReceived
Date:**01 25 00**Completed by
receiver only:
% of
Reduction

TOTAL PAYMENT DUE

For Quality Glass Incentive Payment Program (Curbside Programs Only).

In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint**GR** = Green**AB** = Amber**MX** = MixedGlass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/25/00

Date

01/25/00

Date

60088652

04/04/00

PROCESSORS--NON REDEMPTION MATERIALS (DR-6)

SECTION IV - 19

2. Processor Invoice Report (DR-7)

In order to be reimbursed by the Department for program payments paid out to certified recycling centers, dropoff or collection, curbside, and community service programs processors must submit monthly processor invoice reports. A processor invoice consists of a summary of transaction weights and calculations of program payments paid. Original shipping reports supporting the summarized data must be attached to the corresponding processor invoice.

Processors shall invoice the Department, at least monthly. Processors may elect to submit invoices twice a month or up to four times per month. All reports for the month must cover the beginning to the end of the calendar month and not reflect any overlap in reporting dates. (14CCR, Section 2425(a))

All reports (processor invoices and supporting attachments) must be submitted no later than the 10th day after the last day of the reporting month.

NOTE: An itemized copy of the DR-7 described in the procedures below and a sample of a completed DR-7 can be found on pages 24 and 25 of this section.

Item 1-2: *Do not enter any information for these items.* These items are completed by the service contractor.

Item 3: *Company Name and Address*

NAME - Enter the name of your organization exactly as it appears on the certificate issued by the Division. Do not abbreviate.

ADDRESS - Enter organization address, city, state, and zip code of your organization/facility. This is the address to which the reimbursement check will be mailed.

Item 4: *Contact Person* - Enter the name of the person who prepared this report.

Item 5: *Telephone Number* - Enter the area code and phone number of the contact person or someone who can answer questions concerning the report.

Item 6: *Supplemental To or Amendment To FSN* - Check the appropriate box if the processor invoice is a supplemental or an amendment to a previous processor invoice which has been processed and paid. Include the FSN (Item 25) of the processor invoice being supplemented or amended. Please refer to section II pages 4-6 of this manual for specific procedures for preparing and submitting supplemental and amended reports.

Item 7: *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: ALL ATTACHED DR-6s MUST BE FOR THE SAME MATERIAL TYPE AS THE PROCESSOR INVOICE. A SEPERATE DR-7 MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE.

Item 8: *Number of Shipping Reports Attached* - Enter the number of shipping reports attached that substantiate the data for this report. NOTE: This number will be the total of all attached shipping reports plus the number of line items from all attached consolidated shipping reports.

Item 9: *Check One:* - Check the appropriate box as it applies to the materials reported. NOTE: One of these boxes must be checked.

Check **For Recycling** if you have made arrangements whereby the material will be recycled or **Not For Recycling** if no arrangements for recycling have been made for the reported material.

Item 10: *Reporting Period* - Enter the dates covered by the report. NOTE: Processors have the option of submitting reports monthly, twice monthly, or up to four times per month. All reports for a month must cover the beginning to the end of the calendar month and must not overlap dates. Also, all attached shipping reports which show the processor as the receiver must have received dates that fall within the reporting period indicated on the processor invoice.

Item 11: *Certification Number* - Enter the PR__ __ __ __ identification number assigned to you by the Division.

Item 12: *"Check This Box"* - If applicable, check the appropriate box and if indicated, include the applicable information as a separate enclosure. NOTE: The Department must be notified at least 10 days prior to any change in ownership or operations. (14CCR, Section 2405)

Item 13: *Weight Received (lbs.)* - Enter the total weight of all material received. For all DR-6s where you are the receiver (as evidenced by the certification number in Item 9 of the attached shipping reports), add the individual received weight amounts listed in Item 28 of the attached shipping reports and record the total here.

Item 14: *Redemption Weight (lbs.) (A)* - Enter the total weight of **redeemable** material received. Sum **either** the redemption weight **or** the received weight listed on the attached shipping reports based upon the following criteria:

- Add the redemption weights listed in Item 20 of the attached shipping reports if the redemption weight **did not** exceed the received weight by more than 2.5%

- Add the received weights listed in Item 29 of the attached shipping reports if the redemption weight **did** exceed the received weight by more than 2.5 %.

Item 15: *Refund Value Paid (B)* - Enter the total refund value paid for redeemable material received. This amount is the sum of the amounts found in Item 30 of the attached shipping reports where the processor is the receiver of the materials.

Item 16: *Administrative Fee Paid* - Enter any applicable administrative fees paid. This amount is the sum of the amounts found in Item 34 of the attached shipping reports.

Item 17: *Processing Payment Paid* - Enter any applicable processing payments.

This amount is the sum of the amounts found in Item 31 of the attached shipping reports.

Item 18: *Total Refund Value (B)* - Indicate the refund value paid as indicated in Item 15.

Item 19: *Total Processing Payment* - Enter the total from Item 17 here.

Item 20: *Total Administrative Fee* - Calculate the total administrative fee due for the period by multiplying the refund value paid (Item 15) by the allowable percentage.

Refund Value Paid (Item 15) x Administrative Fee % Rate = Total Administrative Fee

Item 21: *Grand Total Due* - Enter the sum of Items 18, 19, and 20.

Total Refund Value Paid (Item 18) + Total Processing Payment (Item 19) + Total Administrative Fee (Item 20) = Grand Total Due

Item 22: *Processor's Signature* - The authorized representative of the receiver's business must sign and date the processor invoice. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 23: *Do not enter any information for this item* - This item is completed by the service contractor.

- Item 24:** *Processor's Signature Date* - The signature date must be on or after the last day of the reporting period covered by the processor invoice and on or before the postmark date.
- Item 25:** *Form Serial Number (FSN)* - This number identifies a specific report. When making inquiries or submitting supplemental or amended reports, this number must be included in the correspondence.

PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

DR-7 (1/95)

FOR STATE USE ONLY

CCN
1

FOR STATE USE ONLY

POSTMARK DATE
2

NAME	3
ADDRESS	3
CONTACT PERSON	4
TELEPHONE NUMBER	5

MATERIAL TYPE	7	
# OF SHIPPING REPORTS ATTACHED	8	
CHECK ONE:	9 FOR RECYCLING	9 NOT FOR RECYCLING
REPORTING PERIOD	10	THRU 10
CERT. #	11	

6	SUPPLEMENTAL TO
---	-----------------

OR

FSN

			6			
--	--	--	---	--	--	--

6	AMENDMENT TO
---	--------------

12	CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.
----	---

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.
----	---

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.
----	--

EFFECTIVE DATE :

12	CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.
----	--

EFFECTIVE DATE: _____

SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
13	14	15	16	17

PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)	18
TOTAL PROCESSING PAYMENT (A X PROCESSING PYMT. RATE _____)	19
TOTAL ADMINISTRATIVE FEE (B X RATE _____)	20
GRAND TOTAL DUE	21

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

22	FOR STATE USE ONLY	23	24
PROCESSOR'S SIGNATURE/TITLE			DATE
			25

04/04/00

PROCESSOR INVOICE REPORTS (DR-7)

SECTION IV - 24

PROCESSOR INVOICE REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

DR-7 (1/95)

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

POSTMARK DATE

NAME **INTERNATIONAL PROCESSORS**

ADDRESS **1200 RECYCLE BLVD.**

INDUSTRY, CA 99978

CONTACT PERSON **ELLIOT BOYD**

TELEPHONE NUMBER **(661) 852 - 6781**

MATERIAL TYPE **ALUMINUM**

OF SHIPPING REPORTS ATTACHED **25**

CHECK ONE: ☒ FOR RECYCLING ☐ NOT FOR RECYCLING

REPORTING PERIOD **01 01 00** THRU **01 15 00**

CERT. # **PR9966**

☐ SUPPLEMENTAL TO

OR

FSN

--	--	--	--	--	--	--	--	--	--

☐ AMENDMENT TO

☐ CHECK THIS BOX IF YOU DO NOT HAVE ANYTHING TO REPORT THIS PERIOD.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IF YOU HAVE A CHANGE OF ADDRESS.

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF THERE IS A CHANGE OF OWNERSHIP.

EFFECTIVE DATE : _____

☐ CHECK THIS BOX AND NOTIFY THE DEPARTMENT IN WRITING IF YOU CLOSED THIS BUSINESS.

EFFECTIVE DATE: _____

SHIPPING REPORT TOTALS

WEIGHT RECEIVED (LBS)	REDEMPTION WEIGHT (LBS)	REFUND VALUE PAID	ADMINISTRATIVE FEE PAID	PROCESSING PAYMENT PAID
85,000.0	83,200.0	\$66,608.00	\$499.56	.

PAYMENT REQUEST INFORMATION

TOTAL REFUND VALUE PAID (B)

\$66,608.00

TOTAL PROCESSING PAYMENT
(A X PROCESSING PYMT. RATE _____)

.

TOTAL ADMINISTRATIVE FEE
(B X RATE _____)

\$1,665.20

GRAND TOTAL DUE

\$68,273.20

CIVIL PENALTIES OF UP TO FIVE THOUSAND DOLLARS (\$5,000.00) PER DAY MAY BE ASSESSED FOR EACH SEPARATE VIOLATION OF THE LAWS AND REGULATIONS GOVERNING THIS REPORT. IN ADDITION, THE SUBMISSION OF FALSE INFORMATION WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE BY SUBSTANTIAL FINES, UP TO THREE YEARS IMPRISONMENT, OR BOTH. KNOWING THIS, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS PRESENTED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FOR STATE USE ONLY

PROCESSOR'S SIGNATURE/TITLE

01/16/00

DATE

70067834

04/04/00

PROCESSOR INVOICE REPORTS (DR-7)

SECTION IV - 25

3. Processor's Checklist

Below is a list of items to check prior to submitting your paperwork to the service contractor to ensure that it has been completed correctly.

Did you remember to:

- Enter the applicable reporting period?
- Ensure that both the **shipper's** and **receiver's** certification numbers on the shipping reports appear exactly as they do on the recycling certificate(s) issued by the Division?
- Ensure that the company name and address of the shipper on the shipping reports are as they appears on the certificate issued by the Division?
- Verify that all shipping reports included are for the same material type.?
- Verify that the received date on each shipping report falls within the reporting period indicated on the processor invoice?
- Verify that the receipt and log dates on the shipping reports are on or before the date the material was received?
- Verify that the correct rates were used in calculating the Receiver's Payment Analysis section on the shipping reports?
- Ensure that the contact person on the processor invoice is the person who completed the report and can answer any questions regarding the report?
- Sign the report?
- Ensure that the signature date on the processor invoice is on or after the date the material was delivered to the processor and on or after the last day of the reporting period?

SECTION V - Consolidated Reporting Procedures for Approved Certified Recyclers and Processors

In lieu of submitting multiple shipping reports documenting transactions between affiliated recycling centers (operating under the same Federal I.D. #) or the receipt of material by a recycling center from a dropoff or collection, community service, or curbside programs, certified processors and certified recycling centers may apply in writing to the Division for permission to file consolidated shipping reports.

A consolidated shipping report is used to summarize the recycling activity of the **approved entity only**. For example, a recycler owns ten certified recycling centers. In addition, the recycler receives materials directly from various dropoff or collection, curbside, and community service programs. Instead of completing shipping reports for each of the company's ten recycling centers and the multiple other programs, the company summarizes the individual delivery information on a consolidated shipping report. NOTE: Deliveries of materials from non-affiliated certified recycling centers (not operating using the same Federal I.D.# as approved by the Division), cannot be included on the consolidated shipping report. Also, implementation of consolidated reporting does not affect, in any way, the requirement that each certified entity maintain the proper receipts, logs, or other records required by 14CCR.

In order to become a consolidated reporter, certified recyclers and/or processors must submit a request in writing and be approved by the Division. Written requests must include the recycler's or processor's Federal ID number and all the certification/identification numbers of the entities which will be summarized under the consolidated reporting number. All requests should be submitted to the Division at the following address:

Department of Conservation
Division of Recycling
801 K Street, MS 15-53
Sacramento, CA 95814
Attn.: Audits Branch

Note: Do not send consolidated reporting number requests to the service contractor.

The Division will approve or deny a request for a consolidated reporting number within 45 days of receipt of the request. If approved, the Division will send you an approval letter which will include your consolidated reporting number (RC8_ _ _).

A. Consolidated Reporting Procedures

Certified recyclers and processors approved as consolidated reporters are required to prepare two different forms when reporting: a *detail form* and a *summary shipping report (DR-6)*.

Detail forms are not available from the Division. These forms must be designed and produced by the participant. The design of the form must adhere to the following requirements:

- 10 characters per inch (horizontal)
- 6 lines per inch (vertical)
- Each line must be double-spaced
- Printed on 8 1/2 x 11 or 11 x 14 inch paper
- The print must be legible
- The print must be dark enough to be photocopied

NOTE: Failure to comply with the specifications listed above may result in denial of the *summary shipping report (DR-6)* and all the attached detail lines of the *detail form*.

The *summary shipping report (DR-6)* is a standard shipping report form which summarizes the line item information listed on the *detail form*. Both reports are submitted to the receiving recycling center or processor.

1. Consolidated Shipping Report (Detail Form)

NOTE: An itemized copy of the *detail form* and a sample of a completed *detail form* can be found on pages 8 and 9 of this section.

Item 1: *Receiving Certified Administrative Office* -

NAME - Enter the company name, exactly as it appears on the approval letter received from the Division authorizing submission of consolidated shipping reports.

ADDRESS - Enter the address, city, state, and zip code of the administrative office where the reports are prepared.

Item 2: *Certification Number* - Enter the certification number assigned to the administrative office (e.g. RC8000).

Item 3: *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: A SEPARATE SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

Item 4: *Shipping Report #* - Enter the form serial number (FSN) of the summary shipping report (DR-6) to which the detail form is attached. The FSN is located on the lower right corner of the shipping report.

Item 5: *# of Shipments* - Enter the number of shipments (line items) summarized on the detail form.

Item 6: *Shipper's Certification #* - Enter the certification number of the recycling center or other certified program that received the material from the consumer. The following are examples of certification numbers.

RC _ _ _ _ _ = Recycling Center (can be four or five numeric digits)

RV _ _ _ _ _ = Reverse Vending Machine C

P _ _ _ _ _ = Dropoff or Collection Program

C S _ _ _ _ _ = Curbside Program

S P _ _ _ _ _ = Community Service Program

Item 7: *Receipts and Logs Dates* -

For recycling centers, enter the period during which the recycling center redeemed containers that are included on this report. The dates must be expressed in MM/DD/YY format. List the "from" date first followed by the "thru" date (e.g. December 1, 2000 through December 11, 2000 would be recorded as 12/01/00 - 12/11/00). Each recycling center must have been certified during the entire reporting period indicated.

For dropoff or collection, curbside, or community service programs, enter the delivery date as both the "from" and "thru" dates. These programs must be certified and/or approved by the Division on the date of the delivery.

Item 8: *Received Weight* - Enter the weight of materials received as indicated on the weight ticket for the load, or from the total weight purchased for transactions with consumers within the receipt and log dates. All weights must be expressed in pounds and rounded to the nearest 1/10th of a pound. (e.g., 200.85 = 200.9, 200.84 = 200.8).

Item 9: *Redemption Weight* - This weight must reflect **redeemable** containers only and must be rounded to the nearest 1/10th of a pound.

For recycling centers, the redemption weight is calculated based on the refund value paid to consumers, as indicated on daily purchase summaries, for the indicated reporting period. The calculation is performed as follows:

Refund Value paid / Segregated rate per pound = Redemption Weight

For dropoff or collection, curbside, or community service programs, the redemption weight is calculated after an inspection of the materials is conducted and the received weight (Item 8) obtained. NOTE: Dropoff or collection, curbside and community service programs are not eligible to receive program payments based upon a segregated rate. Program payments shall be based upon the applicable statewide average commingled rate or the Division's approved individual program commingled rate.

In order to properly calculate redemption weight, you must first calculate the refund value (Item 11). Also, if the load is contaminated and/or contains excessive moisture the refund value must be reduced prior to calculating the redemption weight.

The following is an example of the refund value and subsequent redemption weight calculation for a curbside program assuming payment is based on a statewide average commingled rate of \$0.71 per pound for aluminum and no contamination/shrinkage is present:

- **A load of aluminum is delivered to a recycler, the received weight is 980 pounds.**
- **Multiply the received weight by the commingled rate per pound for curbside programs.**

$$980 \times \$0.71 = \$695.80$$

\$695.80 is the refund value (Item 11)

- **Divide the refund value by the applicable segregated per pound rate for recycling centers.**

$$\$695.80 / \$0.7525 = 924.7$$

924.6 pounds is the redemption weight in this example.

NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.

Item 10: *Adjusted Redemption Weight -*

For recycling centers, if the redemption weight (Item 9) **exceeds** the received weight (Item 8) by more than 2.5%, enter the received weight of the load.

If the redemption weight **does not exceed** the received weight by more than 2.5%, enter the amount shown in Item 9.

NOTE: Items 9 and 10 will always be equal when the shipper (Item 6) is a dropoff or collection, curbside, or community service program.

Item 11: *Refund Value -*

For recycling centers, enter the total refund value payments as recorded on daily summaries for the "from" and "thru" dates noted in Item 7, provided that the refund value is appropriate for the redemption weight reported (redemption weight x segregated CRV rate per pound = refund value) and the redemption weight does not exceed the received weight by more than 2.5%. If the 2.5% shrinkage level is exceeded, the refund value must be reduced accordingly.

The following is an example of the calculations (based upon weight information for RC0678 of the example detail form on page 9 of this section) used to determine if a reduction in the refund value claimed is warranted:

Redemption Weight (Item 9) / Received Weight (Item 8) (e.g., 5,720/5,500 = 1.04)

In the example above, the redemption weight exceeds the received weight by **more** than 2.5% (1.025), therefore the refund value claimed must be reduced.

NOTE: When the weight variance exceeds 2.5% (1.025), the receiver shall make payment based on the lesser of the following:

- **A.** The refund value divided by the ratio calculated above.

Example: If the Refund Value = \$286.00
then, \$286.00/1.04 = **\$275.00**

- **B.** The total received weight multiplied by the segregated CRV rate per pound.

Example: If the Received Weight (Item 8) = 5,500 pounds and the segregated CRV rate per pound = \$0.05 then, 5,500 x \$0.05 = **\$275.00**

The refund value in example A is equal to the refund value in example B. Therefore, the correct refund payment is **\$275.00** (Item 11).

For dropoff or collection, curbside, or community service programs using statewide average commingled rates, enter the refund value payment amount calculated as follows:

Received Weight (Item 8) x Statewide Average Commingled Rate Per Pound = Refund Value

NOTE: If the dropoff or collection, curbside, or community service program has a Division approved individual program commingled rate, simply substitute the applicable individual program commingled rate for the statewide average commingled rate in the sample calculation listed above.

Item 12: *Processing Payment* - If the consolidated shipping report is for material being shipped to a processor, enter the amount of applicable processing payment for the material type reported. The calculation for processing payments is as follows:

Adjusted Redemption Weight (Item 10) x Processing Payment Rate = Processing Payment

NOTE: If the consolidated shipping report is for materials shipped to another certified recycler, this item will **not** be completed. Processing payments are only paid for materials delivered directly to a processor.

Item 13: *Total Payments* - Add Item 11 and Item 12 and enter the total here.

Item 14: *QGIP - Glass Color (completed for curbside programs only)* – If receiving glass materials from a curbside program, please indicate the color of glass received using the appropriate two-digit indicator in this box (i.e., FL-flint, GR-green, AB-amber, MX-mixed).

NOTE: In order for curbside programs to qualify for the Quality Glass Incentive Payments (QGIP) the glass received must be color sorted and substantially free of contamination. As a result, if more than one color of glass is shipped as a single load, a separate shipping report will need to be completed for each color shipped in order for the curbside program to qualify for these payments.

Item 15: *Total Received Weight* - Add each of the received weights (Item 8) recorded on the detail form and record the total here.

Item 16: *Total Redemption Weight* - Add each of the redemption weights (Item 9) recorded on the detail form and record the total here.

Item 17: *Total Adjusted Redemption Weight* - Add each of the adjusted redemption weights (Item 10) recorded on the detail form and record the total here.

Item 18: *Total Refund Value* - Add each of the total refund values (Item 11) recorded on the detail form and record the total here.

Item 19: *Total Processing Payment* - Add each of the processing payment amounts (Item 12) recorded on the detail form and record the total here.

Item 20: *Total Payments* - Add Item 18 and Item 19 and record the total here.

CONSOLIDATED SHIPPING REPORT (Detail Form)

RECEIVING CERTIFIED ADMINISTRATIVE OFFICE

NAME : 1

ADDRESS :

CERT. # : 2

MATERIAL TYPE : 3

SHIP REPORT # : 4

OF SHIPMENTS : 5

SHIPPER CERT #	RECEIPT & LOG DATES	RECEIVED WEIGHT	REDEMPTION WEIGHT	ADJUSTED		REFUND VALUE	PROC. PYMT.	TOTAL PAYMENTS	QGIP Program (CS Only) --Glass Color --
				REDEMPTION	WEIGHT				

6	7	8	9	10	11	12	13	14
---	---	---	---	----	----	----	----	----

TOTALS:	15	16	17	18	19	20
---------	----	----	----	----	----	----

NOTE: If payments made to recyclers were reduced due to the redemption weight exceeding the received weight by more than 2.5%, indicate the received weight as the adjusted redemption weight and record the corresponding reduced refund value (and processing payment, if applicable).

EXAMPLE

EXAMPLE

CONSOLIDATED SHIPPING REPORT (Detail Form)

RECEIVING CERTIFIED ADMINISTRATIVE OFFICE

NAME : *Clean America Recycling*
ADDRESS : *1776 Constitution Ave.*
Patriot, CA, 99666
CERT.# : *RC8999*

MATERIAL TYPE: *GLASS*
SHIP REPORT # : *60057894*
OF SHIPMENTS : *6*

SHIPPER CERT #	RECEIPT & LOG DATES	RECEIVED WEIGHT	REDEMPTION WEIGHT	ADJUSTED REDEMPTION WEIGHT	REFUND VALUE	PROC. PYMT.	TOTAL PAYMENTS	QGIP Program (CS Only) --Glass Color --
<i>CP6785</i>	<i>1/6/00</i>	<i>22,000.0</i>	<i>11,000.0</i>	<i>11,000.0</i>	<i>\$550.00</i>	<i>\$371.69</i>	<i>\$921.69</i>	
<i>RC0542</i>	<i>1/3/00- 1/15/00</i>	<i>18,950.0</i>	<i>16,500.0</i>	<i>16,500.0</i>	<i>\$825.00</i>	<i>\$557.53</i>	<i>\$1,382.53</i>	
<i>RC0678</i>	<i>1/8/00- 1/10/00</i>	<i>5,500.0</i>	<i>5,720.0</i>	<i>5,500.0</i>	<i>\$275.00</i>	<i>\$185.84</i>	<i>\$460.84</i>	
<i>RC0623</i>	<i>1/2/00- 1/14/00</i>	<i>9,700.0</i>	<i>9,700.0</i>	<i>9,700.0</i>	<i>\$485.00</i>	<i>\$327.76</i>	<i>\$812.76</i>	
<i>SP6780</i>	<i>1/3/00</i>	<i>10,230.0</i>	<i>5,319.6</i>	<i>5,319.6</i>	<i>\$265.98</i>	<i>\$179.74</i>	<i>\$445.72</i>	
<i>CS9983</i>	<i>1/9/00</i>	<i>4,980.0</i>	<i>2,490.0</i>	<i>2,490.0</i>	<i>\$124.50</i>	<i>\$84.13</i>	<i>\$208.63</i>	<i>AB</i>
<i>CS9984</i>	<i>1/9/00</i>	<i>6,600.0</i>	<i>3,300.0</i>	<i>3,300.0</i>	<i>\$165.00</i>	<i>\$111.50</i>	<i>\$276.50</i>	<i>AB</i>
<i>TOTALS:</i>		<i>77,960.0</i>	<i>54,029.6</i>	<i>53,809.6</i>	<i>\$2,690.48</i>	<i>\$1,818.19</i>	<i>\$4,508.67</i>	

NOTE: If payments made to recyclers were reduced due to the redemption weight exceeding the received weight by more than 2.5%, indicate the received weight as the adjusted redemption weight and record the corresponding reduced refund value (and processing payment, if applicable).

2. Consolidated Shipping Report (Summary Shipping Report (DR-6))

After all the information is compiled on the *detail form*, the authorized administrative office of the participant completes a *summary shipping report (DR-6)* which consolidates the attached detail form. Both the summary shipping report and the detail form are sent to the receiving processor or recycling center.

NOTE: An itemized copy of the summary shipping report (DR-6)) described in the procedures below can be found in Section IV, page 7, of this manual. A sample of a completed summary shipping report (DR-6), corresponding to the information presented on the sample consolidated detail form on page 9 of this section, can be found on page 15 of this section.

Items 1 & 2: CCN - Do not enter any information for these items. These items are completed by the service contractor.

Item 3: *Company Name and Address (Shipper)*

NAME - Enter the name of the entity selling materials to you exactly as it appears on the certificate/approval letter issued by the Division. Do not abbreviate.

ADDRESS - Enter the administrative office address, city, state, and zip code of the entity exactly as it appears on the certificate/approval letter issued by the Division.

Item 4: *Shipper's Certification or Identification Number* - Enter the certification number (RC8_ _ _) as it appears on the letter of authorization.

Item 5: *Contact Person* - Enter the name of the person who prepared this report.

Item 6: *Telephone Number* - Enter the area code and phone number of the contact person or someone who can answer questions concerning the report.

Item 7: *Do not enter any information for this item.* This item is completed by the service contractor.

Item 8: *Company Name (Receiver)* - Enter the name the company exactly as it appears on the certificate issued by the Division. Do not abbreviate.

Item 9: *Receiver's Certification Number* - Enter the certification number of the recycling center or processor receiving the material.

R C _ _ _ and PR _ _ _ are the only valid receiver types.

NOTE: The receiver of the material must be a certified recycling center or processor at the time the load is delivered to be eligible to pay and receive reimbursement of program payments.

Item 10: *Material Type* - Enter material type covered by the report (i.e., aluminum, glass, bimetal, PETE #1, HDPE #2, VINYL #3, LDPE #4, PP #5, PS #6, or OTHER #7). Do not enter terms such as "cans", "bottles", or simply "plastic".

NOTE: A SEPARATE SUMMARY SHIPPING REPORT MUST BE PREPARED FOR EACH PLASTIC RESIN TYPE DELIVERED.

Item 11: *Amendment to FSN (Form Serial Number)* - Check this box if the shipping report is amending a previous shipping report which has been processed and paid. Include the form serial number (Item 43) of the shipping report being amended.

Items 12-15: *From Receipts and Logs* - These fields should remain blank. An "administrative office" is not considered a recycling center and does not have receipts and logs at the consumer level. (The attached detail form provides the information for each recycling center or program covered by the report.)

Item 16: *FROM Consolidated Reports, Redemption Weight (lbs.)* - Enter the total redemption weight as indicated in Item 17 (Total Adjusted Redemption Weight) on the detail form.

Item 17: *FROM Consolidated Reports, Refund Value (A)* - Enter the total refund value payment amount as indicated in Item 18 on the detail form.

Item 18: *FROM Consolidated Reports, Processing Payment (C)* - If the consolidated shipping report is being transferred to a processor, enter the total processing payment amount as indicated in Item 19 on the detail form.

Item 19: *FROM Consolidated Reports, Subtotal Due* - Enter the subtotal due amount as indicated in Item 20 of the detail form.

Item 20: *Total* - Enter total from Item 16 here.

Item 21: *Total* - Enter total from Item 17 here.

Item 22: *Total* - Enter total from Item 18 here.

Item 23: *Total* - Enter total from Item 19 here.

Items 24-25: *Receipt and Log Entries For* - These fields should remain blank. An "administrative office" is not considered a recycling center and does not have

receipts and logs at the consumer level. The attached detail form provides the information for each recycling center or program covered by the report.

- Item 26: *Number of Attachments or Consolidated Shipments*** - Enter the number of shipments (line items) summarized on the detail form. Count only the total number of line items that are attached to this report. NOTE: Do not count the summary shipping report (DR-6). The count should be the same as Item 5 on the detail form.

RECEIVER PAYMENT ANALYSIS:

- Item 27: *Weight Ticket #*** - Upon receipt of material, the receiving recycling center or processor weighs the load and produces a weight ticket. Enter the weight ticket number here. NOTE: Only one weight ticket number is allowed per shipping report. If the material is not physically delivered to the processor, enter the weight ticket number of the entity receiving the material. If multiple weight tickets or bale tags are used, record only one of the corresponding weight ticket numbers. If the same weight ticket number is used on multiple reports, please add an alpha suffix to the weight ticket number (e.g. 1234a, 1234b, 1234c, etc.).

- Item 28: *Received Date*** - Enter the date that the materials were received. This date should match the date on the receiver's weight ticket. NOTE: The receiver of the materials must be certified at the time of delivery and the shipper's consolidated reporting number (RC8000 series) must be valid on or after this date in order to be reimbursed program payments paid to the shipper.

- Item 29: *Received Weight*** - Enter the received weight of the shipment. NOTE: If the load contains line breakage, rejected containers and/or out-of-state containers, the corresponding weight must be deducted before entering the received weight on the shipping report.

At this point, the receiving recycling center or processor should determine if the received weight appears appropriate for the material delivered. If it does not, the receiving recycling center or processor may choose to contact the shipper to verify that the shipping report was accurately completed.

Please refer to Item 30 below for instructions for the calculation of payment when the redemption weight reported exceeds the received weight.

- Item 30: *Refund Value (C)*** - The receiving recycling center or processor shall pay the shipper's reported values indicated in Item 21 provided the redemption weight reported in Item 20 does not exceed the received weight by more than 2.5%.

Item 31: *Processing Payment (D)* - If the receiver is a processor and there is a processing payment in effect at the time materials are received, enter the amount of processing payment.

Redemption Weight (Item 20) x Processing Payment Rate = Processing Fee

NOTE: If you have reduced the refund value paid (Item 30) because the redemption weight exceeded the received weight by more than 2.5%, you must also reduce the processing payment accordingly.

Item 32: *Subtotal Due (C + D)* - Enter the total refund value.

Refund Value (Item 30) + Processing Payment (Item 31) = Subtotal Due

Item 33: *% of Reduction Taken* - If the refund value paid was reduced from the refund value requested by the shipping recycling center due to weight differences, enter the percent of reduction here. This field must be limited to three decimal places (i.e., 2.7% = 1.027). To verify the % reduction taken, divide the refund value requested (Item 21) by the refund value paid (Item 30).

Item 34: *Administrative Fee* - If the receiver is a processor, multiply the refund value by the applicable administrative fee percentage.

Refund Value (Item 30) x Administrative Fee Percentage = Administrative Fee

Item 35: *Total Payment Due* - Enter the total of Items 32 and 34. For receiving recycling centers, this amount will be equal to the amount shown in Item 32.

Item 36: *Segregated Box (10/95 form)/Glass Color (01/00 form)* - This item should remain blank.

Item 37: *% of Shrinkage* - This item should remain blank.

Items 38-39: *Shipper's Signature/Title and Date* - The authorized representative of the shipper's business shall sign and date the report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be accepted. The signature date must be on or after the

latest ending date indicated for the receipt and log period on the detail form (Item #7).

Items 40-41: *Receiver's Signature/Title and Date* - The authorized representative of the receiver's business must sign and date the shipping report. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 42: *Do not enter any information for this item.* This item is completed by the service contractor.

Item 43: *Form Serial Number (FSN)* - This number helps to identify a specific report. When making inquiries or amending reports, this number must be included in the correspondence.

FOR STATE USE ONLY

PROCESSOR CCN



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

SHIPPING REPORT

STATE OF CALIFORNIA – The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling

FOR STATE USE ONLY

ATTACHED TO CCN

DR-6 (1/00)

COMPLETED BY SHIPPER:

COMPANY
NAME**CLEAN AMERICA RECYCLING**

ADDRESS

1776 Constitution Ave.**Patriot, CA 99966**

CERT. #

RC8999CONTACT
PERSON**Paul Revere**TELEPHONE
NUMBER**(887) 867- 5309**

COMPANY NAME

INTERNATIONAL PROCESSORS

CERT. #

PR9966MATERIAL
TYPE**GLASS**

AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND (A)	PROCESSING PAYMENT (B)	SUBTOTAL DUE A+B
FROM Receipts & Logs	.	.	.	.
FROM Shipping Reports or Consolidated Reports	54,029•6	\$2,690•48	\$1,818.19	\$4,615•79
TOTAL	54,029•6	\$2,690•48	\$1,818.19	\$4,615•79

Receipt & Log Entries For

Thru

Number of Attachments
or Consolidated Shipments**7**

COMPLETED BY RECEIVER

RECEIVER PAYMENT ANALYSIS

Weight Ticket #

Received Wt. (Lbs.)

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

1692**78,250****\$2,690.48****\$1,818.19****\$4,508.67**ADMINISTRATIVE
FEE**\$20.18**Received
Date:**01 15 00**Completed by
receiver only:

% of

Reduction Taken

TOTAL PAYMENT DUE

\$4,528.85

For Quality Glass Incentive Payment Program (Curbside Programs Only). In the following box, please include the applicable two-digit code corresponding to the color of glass received:

FL = Flint

GR = Green

AB = Amber

MX = Mixed

Glass
Color

% OF SHRINKAGE

Civil penalties of up to one thousand dollars (\$1,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

APPROVED FOR PAYMENT

Shipper's Signature/Title

Receiver's Signature/Title

FOR STATE USE ONLY

01/17/00

Date

01/17/00

Date

60057894

04/04/00

CONSOLIDATED SHIPPING REPORTS

SECTION V - 15

SECTION VI - Handling Fee Application Processing and Reporting Requirements**A. Definitions**

"Supermarket Site" means any certified recycling center which redeems all types of empty beverage containers in accordance with PRC, Section 14572, and which is located within, or outside and immediately adjacent to the entrance of, or at, or within a parking lot or loading area surrounding, a supermarket which is the focal point of a convenience zone, or a dealer that is located within that zone, and which is accessible to motor traffic. (PRC, Section 14526.6)

"Handling Fees" means an amount paid to an operator of a supermarket site, a rural region recycler, as defined in Section 14525.5.1, or a nonprofit convenience zone recycler, as defined in Section 14514.7, that is located in a convenience zone, for every beverage container redeemed either by the operator at the supermarket site or within the zone in which the supermarket site is located, by the rural region recycler, or by the nonprofit convenience zone recycler. (PRC, Section 14513.4)

B. Procedures for Completing Reporting Forms

In addition to the general reporting requirements found in section II of this manual, all Handling Fee Applications (DR-14) **must** be completed in accordance with the following requirements:

- The redemption weight reported on the application must reflect **ONLY** the weight of CRV materials redeemed **from consumers** during the reporting calendar month. Do not include weight associated with donated CRV materials or materials delivered by other certified entities in the reported redemption weight.
- Materials purchased by count must be converted to weight.
- The redemption weight reported must be substantiated by receipt and logs prepared **for consumer transactions** from the first day through the last day of the reporting calendar month.
- Separate applications must be submitted each calendar month for each certified supermarket site recycling center.
- Applications must be complete and legible. Incomplete and/or illegible applications will be rejected and handling fees will be **forfeited** for that month. (14CCR, Section 2530(h))

- Original applications **must** be submitted to the service contractor by the first day of the second month following the reporting month (e.g., January's application is due March 1st, February's application is due April 1st, etc.). The date of submission is the date of the postmark, or date received by the service contractor, whichever is earlier. Applications submitted after the deadline will be denied. (14CCR, Section 2530(h))
- Eligible supermarket site recycling centers must operate in accordance with applicable sections of the PRC and 14CCR. Failure to do so could result in the loss of handling fee awards.

1. Handling Fee Application (DR-14)

NOTE: An itemized copy of the Handling Fee Application (DR-14) described in the procedures below and a subsequent example, can be found on pages 4 and 5 of this section.

Item 1: *CCN - Do not enter any information for this item.* This item is completed by the service contractor.

Items 2-3: *Monthly Report for the Month of -* Enter month and year covered by the application.

Item 4: *Name and Address -* Enter the entity name **exactly as it appears on the certificate issued by the Division. Do not abbreviate.**

Item 5: *Contact Person -* Enter the name of the person who prepared the application and/or the person who can be contacted should questions arise during processing.

Item 6: *Telephone Number -* Enter the area code and phone number of the contact person.

Item 7: *Postmark Date - Do not enter any information for this item.* This item is completed by the service contractor.

Item 8: *Certification Number -* Enter the certification number of the recycling center. This is a two digit alpha, four digit numeric identification number. The following are examples of certification numbers:

RC__ __ __ __ = **R**ecycling **C**enter

RV__ __ __ __ = **R**everse **V**ending Machine

Item 9-10: *Check This Box* - If applicable, mark the appropriate box as it pertains to your business.

Item 11: *Redemption Weight (lbs.)* - Enter the total receipts and logs redemption weights for materials redeemed **from consumers** during the reporting calendar month. Redemption weight can be calculated by summing the refund value paid out during the calendar month, by material type, and dividing the result by the applicable segregated refund value rate per pound. Be sure to verify that the weights correspond to the material type reported. If you have no redemption weight to report for a specific material type, record a zero. Do not leave any of these fields blank.

Item 12-13: *Recycler's Signature/Title and Date*- The authorized representative of the recycler's business must sign and date the application. By signing the report, the authorized representative binds the company and represents that he/she has verified the information presented and believes that it is correct. The signature is a sworn statement to that effect and **must be an original**. No rubber stamps or facsimile will be allowed.

Item 14: *Do not enter any information for this item.* This item is completed by the service contractor.

Item 15: *Form Serial Number (FSN):* - This number identifies a specific report. When making inquires, this number must be included in the correspondence.

HANDLING FEE APPLICATION

STATE OF CALIFORNIA - The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling
DR-14 (1/00)



FOR STATE USE ONLY

CCN

1

FOR STATE USE ONLY

POSTMARK

AMOUNT

REC'D BY

7

MONTHLY REPORT

FOR THE MONTH OF 2, 203

NAME

4

CERT. #

8

MAILING
ADDRESS

4

CONTACT
PERSON

5

TELEPHONE
NUMBER








6

9

CHECK THIS BOX IF YOU HAVE A
CHANGE OF MAILING ADDRESS.

10

CHECK THIS BOX IF THERE IS A CHANGE OF
OWNERSHIP OR CLOSE OF BUSINESS.

MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)	MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)
ALUMINUM	11 .	PLASTIC VINYL 	11 .
GLASS	11 .	PLASTIC LDPE 	11 .
BI-METAL	11 .	PLASTIC PP 	11 .
PLASTIC PETE 	11 .	PLASTIC PS 	11 .
PLASTIC HDPE 	11 .	PLASTIC OTHER 	11 .

In order to be eligible for payment, the Handling Fee Application must be postmarked no later than the first day of the second month following the reporting month. Forms postmarked after this date and incorrectly completed forms will be denied for payment and the Handling Fee will be forfeited.

By signing and submitting this form, I certify that the redemption weights reported herein are only for the supermarket site, nonprofit convenience zone recycler, or rural region recycler indicated above. I also certify that I understand that this form is an application and that a final determination of eligibility for, and amount of, Handling Fee payments, if any, will be made by the Department of Conservation.

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this application. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years of imprisonment, or both. Knowing this, I certify that the facts presented herein are true and correct to the best of my knowledge.

12

Recycler's Signature/Title

13

Date

FOR STATE ONLY

14

15

HANDLING FEE APPLICATION

STATE OF CALIFORNIA - The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling
DR-14 (1/00)



PRINTED ON RECYCLED PAPER

FOR STATE USE ONLY

CCN

FOR STATE USE ONLY

POSTMARK

AMOUNT

REC'D BY

MONTHLY REPORT
FOR THE MONTH OF January, 20 00

NAME

Market Recycling

CERT. #

RC0988

MAILING
ADDRESS

1420 Parkhaven Blvd

Oakmont, CA

95766

CONTACT
PERSON

Nick Slick

TELEPHONE
NUMBER

(520) 903-5768

☐

CHECK THIS BOX IF YOU HAVE A
CHANGE OF MAILING ADDRESS.

☐

CHECK THIS BOX IF THERE IS A CHANGE OF
OWNERSHIP OR CLOSE OF BUSINESS.

MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)	MATERIAL TYPE	RECEIPTS & LOGS REDEMPTION WEIGHT (TENTH OF LBS)
ALUMINUM	14,300.0	PLASTIC VINYL	.
GLASS	86,352.0	PLASTIC LDPE	.
BI-METAL	.	PLASTIC PP	.
PLASTIC PETE	5,321.0	PLASTIC PS	.
PLASTIC HDPE	1,220.0	PLASTIC OTHER	69.2

In order to be eligible for payment, the Handling Fee Application must be postmarked no later than the first day of the second month following the reporting month. Forms postmarked after this date and incorrectly completed forms will be denied for payment and the Handling Fee will be forfeited.

By signing and submitting this form, I certify that the redemption weights reported herein are only for the supermarket site, nonprofit convenience zone recycler, or rural region recycler indicated above. I also certify that I understand that this form is an application and that a final determination of eligibility for, and amount of, Handling Fee payments, if any, will be made by the Department of Conservation.

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this application. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years of imprisonment, or both. Knowing this, I certify that the facts presented herein are true and correct to the best of my knowledge.

Nick Slick, Operator

Recycler's Signature/Title

2/21/00

Date

FOR STATE ONLY

2. Submission of the Application

All original applications should be sent to:

Department of Conservation
P.O. Box 277850
Sacramento, CA 95827
Attention: PRPS UNIT DR-14

3. Application Audit Holds

In addition to the routine review of each handling fee application, the Department will examine selected applications for audit. This audit will verify the recycling center's location, operational status, and other eligibility criteria. The audit will also include a review of the recycling center's receipts and logs for substantiation of the redemption weights reported and compliance with various recordkeeping and reporting requirements.

GLOSSARY

This glossary lists definitions of terms used throughout this manual. References to the applicable Act and 14CCR sections are included.

Act

The California Beverage Container Recycling and Litter Reduction Act (**PRC, Division 12.1**).

Certificate/Certified

The official document issued by the Division which identifies an operator of a recycling center, dropoff or collection program, community service program or processing facility as meeting the requirements for certification by the Division. (**14CCR, Section 2000(a)(6) & (7)**)

Commingled

A mix of CRV containers sold in California and other containers of the same material type. All broken glass empty beverage container(s) purchased from consumers, dropoff or collection programs, or community service programs shall be deemed commingled. (**14CCR, Section 2000(a)(10)**)

Community Service Program

A program which does not pay a refund value and accepts or collects empty beverage containers at a specific location or locations and meets one of the following criteria:

- The program is organized under Section 501(c) or 501(d) of the Internal Revenue Code, or
- The program is a charitable group organized under Section 23701 of the California Revenue and Taxation Code, or
- The program is operated by, or caused to be operated by, a city, county or other public agency. (**14CCR, Section 2000(a)(11)**)

Consumer

A person who purchases a beverage in a beverage container from a dealer for his or her use or consumption. "Consumer" includes a lodging, eating, or drinking establishment, and soft drink vending machines. (**PRC, Section 14508**)

Convenience Zone

The area within a one-half mile radius of a supermarket.

A zone designated by the department pursuant to PRC Section 14571.1 in underserved areas with no supermarket. (**PRC 14509.4**)

Curbside Program

A recycling program which meets all of the following criteria:

- The program picks up empty beverage containers from individual or multiple family residences, or both, and the empty beverage containers are separated from waste materials prior to being picked up.
- The program is operated by, or pursuant to a contract with, a city, county, or other public agency, or is acknowledged, in writing, by a city, county, or other public agency.
- The program accepts empty beverage containers from consumers with the intent to recycle them, but does not pay the refund value. (PRC, Section 14509.5)

Dealer

A retail establishment which offers the sale of beverages in beverage containers to consumers. Lodging, eating, or drinking establishments, or soft drink vending machine operators are not deemed a dealer, except that these sales are subject to PRC Section 14560. (PRC 14510)

Delivered / Delivery

Delivered or delivery means physically taking possession of the material. (14CCR, Section 2000(a)(14))

Department

Department of Conservation. (PRC, Section 14510.5)

Division

Department of Conservation, Division of Recycling. (14CCR, Section 2000(a)(19))

Dropoff or Collection Program

A recycling program which does not pay refund value and accepts or collects empty beverage containers, and which cannot qualify as a curbside program as defined in Section 14509.5 of the Act. “*Dropoff or Collection Program*” also means a program which separates recyclables from mixed municipal waste. “*Dropoff or Collection Program*” does not mean a program which accepts or collects recyclable materials which have already been separated from mixed municipal waste. Dropoff or Collection program also includes a Neighborhood Dropoff Program which meets all the criteria in Section 14514.1 of the Act.

Empty Beverage Container

A beverage container which meets all the requirements in PRC, Section 14509.5 except that such term does not include refillable beverage container. (14CCR, Section 2000(a)(21))

Handling Fee

An amount paid to an operator of a supermarket site, a rural region recycler, as defined in Section 14525.5.1, or a nonprofit convenience zone recycler, as defined in Section 14514.7, that is located in a convenience zone, for every beverage container redeemed either by the operator at the supermarket site or within the zone in which the supermarket site is located, by the rural region recycler, or by the nonprofit convenience zone recycler. (PRC, Section 14513.4)

Individual Commingled Rate

A commingled rate approved by the Division which is applicable to dropoff or collection, community service, or curbside programs, which have obtained prior approval from the Division. (14CCR, Section 2000(a)(27.1))

Line Breakage

Pre-consumer material that is recycled or disposed of by a container manufacturer, beverage manufacturer, distributor or dealer. (14CCR, Section 2000(a)(27.6))

Location

The street address where the facility operates. (14CCR, Section 2000(a)(28))

Material

The physical substance used to manufacture a beverage container or food and drink package including, but not limited to, aluminum, bimetal, glass and, plastic. (14CCR, Section 2000(a)(30))

Processor

Any person, including a scrap dealer, who purchases or offers to purchase empty beverage containers from more than one recycling center in this state and is responsible for canceling empty beverage container(s) in a manner prescribed in 14CCR, Section 2000(a)(4). (14CCR, Section 2000(a)(35))

Processor Invoice

The report required by 14CCR, Section 2425, which the Department uses to determine payment to a certified processor. (14CCR, Section 2000(a)(35.1))

Processing Payment

An amount paid to processors, dropoff or collection, curbside programs, and recycling centers by the department when the department determines that the scrap value being offered by container manufacturers, beverage manufacturers, or willing purchasers for a particular container material is insufficient to ensure the economic recovery of the container type at the minimum number of recycling centers or locations. (PRC 14518.5)

Recycling Center

Means the definition in Section 14520 of the Act and includes the definition of “Nonprofit Convenience Zone Recycler” in Section 14514.7 of the Act and the definition of “Rural Region Recycler” in Section 14525.5.1 of the Act.

Redeemable Beverage Container

A container identified with "CA Redemption Value", "California Redemption Value", "CA Cash Refund", or "California Cash Refund" sold in California which has an established refund value. (14CCR, Section 2000(a)(38))

Redemption Weight

The weight of empty California redemption-labeled beverage containers. (14CCR, Section 2000(a)(39))

Refund Value

The minimum amount paid by a certified recycler to a consumer for empty beverage containers redeemed. (PRC, Section 14524)

Rejected Containers

A California redemption labeled beverage container, which a container manufacturer or beverage manufacturer elects to recycle or dispose of without paying any applicable processing fee, or which a distributor elects to recycle or dispose of without paying the redemption payment. "Rejected containers" includes container tops, lids, or other components which contain the "CA Redemption Value", "California Redemption Value", "California Cash Refund" or "CA Cash Refund" message. (14CCR, Section 2000(a)(41))

Rural Region Recycler

Means the operator of a certified recycling center located in a designated rural region as defined in Section 14571(b)(2) of the Act. A Rural Region Recycler is eligible to receive a handling fee based upon the volume from a single location or based upon the aggregate volume from more than one location. (PRC Section 14571(b)(2))

Scrap

Any recyclable container, including food or drink packaging material, other beverage containers, or nonredeemable containers, out-of-state beverage containers, line breakage or rejected containers, of the same material composition as redeemable containers covered by the Act. (14CCR, Section 2000(a)(41.2))

Segregated

A load, divided by material type, that consists of 100% California refund value material. (14CCR, Section 2000(a)(43))

Shipping Report

The documentation of the receipt of material by a processor, or by a recycling center from another recycling center, dropoff or collection program, community service program, or curbside program. The shipping report is the basis for payments by the Division pursuant to Section 14573 of the Act. (14CCR, Section 2000(a)(44))

Shrinkage

The reduced value due to contamination of empty beverage containers by dirt, moisture, or other foreign substances. (14CCR, Section 2000(a)(45))